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## Foreword

In 1477 the first Swedish university was founded in Uppsala. Consequently the University celebrated its 500th year anniversary in 1977. This whole year was devoted to numerous symposia, congresses and seminars in different fields of science.

One of these symposia brought together a group of scholars from different parts of the world with a common interest in Gastric Ion Transport. During some intense sessions between July 24th and 28th the most recent progress was reported and discussed. This field could for many years be characterized by a state of stagnation but in recent years a pronounced change seems to have occurred. New avenues of approach have been entered due to many new technical innovations. The projection of functional events on morphological substrates should also be appreciated. It is an overwhelming impression that the problem of gastric acid formation and its associated transports of ions and water are more and more approaching subcellular and molecular levels. Secretion physiology and membrane biophysics are slowly being linked together.

The symposium was made possible by contributions from the 500th Anniversary Jubilee Fund of the Uppsala University, the Fortia fund of the Uppsala University, Pharmacia AB, Uppsala, Hässle AB, Mölndal and Parke-Davis & Co Inc, Solna.

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### Reasons and Trends in Gastric Research

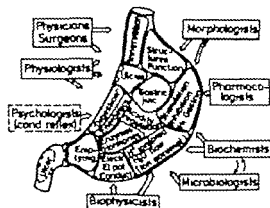
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Ladies and Gentlemen

As an introduction to this Symposium I have been asked to give a brief review of the development of gastric research during the last fifty years. This is roughly the time-span of my own active interest in the field. My story will necessarily be a personal review. It will deal with the history or rather the chronology of the developments or contributions to the field from various sources. The title is reasons and trends. With reasons I mean the driving forces behind the research or the discoveries which led from one step to next step and how progress was promoted by the results of research workers from other sciences. Of course I can neither logically nor completely pursue this theme. It will be a sketch of personal recollections supported by some diagrams.



### The Conquest of the Stomach Country



## The time before 1950

My first encounter with the field was in relation to a stomach ulcer diagnosis of a relative. I was a kid and I heard of strange words like test meals, stomach pumping and hypersecretion. Coming to the medical school it was some 50 years ago. I had to learn about their significance. I cannot remember that anatomy gave much, but in the histology course we were told that there were certain cells in the stomach wall called the acidophilic cells which probably produced the gastric acid and there were other cells which produced the digestion enzymes. The acidophilic cells or as we call them today the oxyntic cells had got their names because they were stained by acid dyes. The localisation of the acid production to these particular cells was more or less a pure guess, however it turned out to be correct much later. In the physiology-chemistry course we heard that the origin of the gastric acid HCl by and large was unknown. It looked as if the material was taken from the blood because one stressed that digestion was accompanied by the so called alkaline tide in the urine. The dominating issue of our teaching was the practical clinical one. It was largely a question of how to diagnose stomach ulcer in patients. Ulcers were supposed to be caused by the hyper-production of the hydrochloric acid which could corrode the stomach or the duodenal wall. The terms hyperacidity and hypersecretion which had impressed me earlier came back as practical and important problems in clinical medicine. In fact in the 20-30-ties the physicians main guide for treating the patient prescribe diet and so on was the determination of the so called free acidity after testmeals. The clinical importance of these problems became one reason why a new generation of physiologists including myself devoted their interest and efforts to work on the mechanism of the gastric acid production and its corollary the acidity regulation. Another reason was the belief that newly emerged concepts from the physical chemistry would be useful in gastric acid research. New electrolyte distribution phenomena had been described by Donnan (who incidentally already in 1911 had proposed a gastric acid theory). The pH-concept and convenient methods of determining pH had come forward from about 1930 and acid base regulation studies had been introduced by van Slyke.

In this context it may be emphasized how new techniques have been the starting point the reason for new lines of investigations of the

gastric juice problems. I myself remember how happy I was to discover the usefulness of electrometric micro-chloride analysis to say nothing about the flamephotometer flown in from the USA right after the war. Now we could start to tackle the alkali ions which was almost impossible earlier.

By degrees it was realized that the production of hydrochloric acid was a case of ion accumulation. The term was borrowed from the plant physiologists who had studied the potassium uptake in plants from the soil. Potassium accumulation may be of the order 40:1 between cells and the environment. In the same terms the hydrogen ion accumulation in the stomach is of the order of 1 million times reflecting the pH difference between pH about 7 in the plasma and the pH 1 in the gastric acid. In attempts to explain the potassium accumulation in plant cells Osterhout and others introduced concepts from electrochemistry founded by Planck and Nernst. Hypotheses and formulas with ion mobilities or partition coefficients became popular. This particular aspect of general physiology was called ion accumulation. The modern term transport processes came in much later. The introduction of diffusion and electro-chemical concepts into gastric physiology is a good example of how apparently unrelated problems in different branches of science can act as mutual stimulus when the research parties have become interested in one another's work. Such cross fertilisation has indeed been the reason for many developments and new trends in our gastric research.

Now looking back it may be stated that the physical chemistry so proudly introduced decades ago has failed in giving a solution to our main riddle: the enormous hydrogen ion accumulation in the stomach gastric acid. Of course it does not mean that physical chemistry was useless in the discussion of the gastric acid problems. One spin-off of my physical chemical efforts when working on the cat's stomach was the realisation that the acidity regulation at least partly was due to an electrolyte interdiffusion process in the stomach what has become known as back diffusion. I merely came to understand that some kind of extra boosting was necessary. This must be active in the sense that it requires expenditure of energy derived from chemical sources.

The time became ripe for the biochemists to enter the gastric research. This happened roughly during the 1940-ties. It was the energy rich phosphoric acid ester compounds which first came into focus and gradually

the energy releasing enzymes were transplanted to the gastric realm. As you know it has taken some time for the biochemists to take over. Perhaps it is justified to state that the dominating trend of today is seen in the studies of the coupling processes between ion transport and energetics. There are very few papers in this Symposium which do not somehow mention ATP. The first informative studies on the overall energetics were performed on isolated specimens of the gastric mucosa the technique which was introduced during and after World war II. The success with the isolated superfused mucosa mounted in plastic chambers marked a very great step forward. It could be stimulated with a well defined stimulant histamine and many parameters could be studied with less ambiguity than in work on stomachs in situ. One early result was the demonstration that the overall effect of the  $H^+$  ion secretion into the mucosal solution side was accompanied by a corresponding increase in the alkalinity of the nutrient solution there was a 1:1 process between  $H^+$  and  $OH^-$  (an observation which also shed some light on the old phenomena of an alkaline tide in the urine following a meal). Well we all know what a state of refinement the chamber methods have reached in the recent years.

Before I proceed with the exciting time at the end of the 1930-ties when the isotope labelling came into general use I should like to do some justice to some more old-fashioned approaches which were and still are of importance for the medical sides of the gastric problems. The surgeons had added quite a great deal of knowledge about the nervous mechanisms of the gastric acid production revealed in some widely used surgical operations. So had the physicians and pharmacologists made contributions on gastric juice stimulants and inhibitors. In the late thirties one had a feeling that the old gastrin of Edkins from 1905 was dethroned by the powerful compound histamine. By degrees the more or less unitarian arguments subsided. Nowadays we acknowledge a whole series of active substances in the stomach machinery. The influence of the whole body status via hormones or nervous actions has been the subject of medical psychologists. From Pavlov's conditioned reflexes one has turned to the influence of stress as one genetic factor in stomach or duodenal ulcer formation.

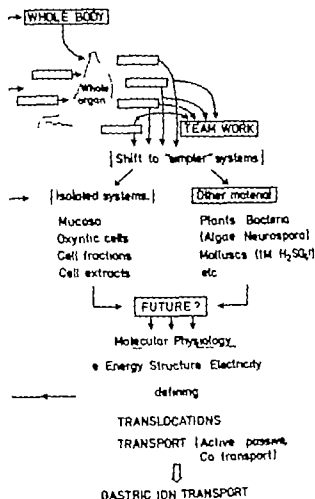
But let us return to the electrolyte transport processes. This term superseded slowly the prevailing vocabulary of ion accumulation and ion permeability. Perhaps this marked a realization that the purely phe-

nomenological descriptions delivered by the experimentalists had to be supplemented by analyses in the depth of the driving forces: the nature of the permeability coefficients etc. In short, a study of the kinetics of ion transport became pertinent. A pioneer in this field was August Krogh. Working in Copenhagen he had access to one of the first atomic establishments created around Niels Bohr. He could use labelled ions for his research on the frog skin permeability and study the kinetics of salt uptake. I think the first time I ever heard the word "active transport" was in a lecture by Krogh in 1937 in England. Anyhow, Krogh and his collaborator Ussing initiated a real flood of transport studies on all sorts of living membranes and also model membranes. These studies were slowed down by the war, but around 1950 isotopic investigations were also performed in stomach physiology.

### The years after 1950.

In the beginning of the 1950-ties I more or less left the stomach field. Karl Johan Öbrink had now introduced the isotope techniques in our laboratory and had already started his own important gastric research. He had got his own pupils, some of them who will now help him to carry these Symposia days. I believe I have at least partially explained some reasons why we are assembled here in Uppsala this week. In fact, I have felt that it ought to have been KJ Öbrink rather than myself who should tell the story about the recent decades of stomach work. On the other hand, perhaps a by-stander could more easily appreciate the overall direction in which a research field develops and perhaps be able to read the trends which lead to the future.

The precise locations of the present research lines are difficult to perceive. One clear trend, however, is that one is moving from the whole body and the whole organ approach and there is a definite shift to simpler systems. I may refer you to the adjacent diagram. Due to the fact that so many different scientific specialities have gone into gastric research, it has become increasingly difficult for a single person or even a small group to follow up the project. This circumstance, together with the need of specialists and sophisticated instrumentation, has made team-work necessary. Physiologists, microbiologists and electronic engineers may be regular members of a research team of these modern times. This trend has many advantages. On the other hand, one cannot escape the feeling



that there will be a widening of the gap between the medical side the physicians and surgeons who have to deal with the pathological disturbances of our stomachs and those who do so called basic research on the same object. Now when much of the stomach conquest has been directed towards isolated systems one must not forget the initial human and medical reasons for gastric research. The ulcer problem is still unsolved and the ulcer symptoms may remain distressing conditions in our stomachs. We have to admit however that modern pharmacology has created powerful agents for some control of the acid secretion more than often only symptomatic. I believe that there is a long way to go before we get a full understanding how the stomach acts in its integrated state in the whole body.

The work on isolated systems which began with pieces of frog mucosa have now advanced to isolated cell structures and even substructures of cells. A great deal of the transactions of this symposium will certainly deal with such investigations. There is another trend which perhaps has not been appreciated fully and that is that a great deal of the key-problems of acid formation are not confined to the higher animals. In fact mechanisms for pumping hydrogen ions, so called proton pumps exist in plant metabolism and in bacteria. As regards the electrical phenomena a great deal can be learnt from work on plant cells particularly algae as *Nitella*. Ion transport and electrical phenomena have been studied by plant physiologists with remarkable success. The salivary gland of a mollusc *Dolium galea* which lives in the Mediterranean is a very interesting object. This produces sulphuric acid is about 1 molar in other words about 10 times stronger than the mammalian hydrochloric acidity!

### Looking towards the future

From a reading of the present trends I feel that the future of gastric research will be a part of something which might be called molecular physiology. This may be a provisional term for a broad and deep research which embarks on the interrelations between energy structures and forces. It becomes increasingly more evident that one cannot separate transport processes from the structures and that the structures in turn are functions of the driving forces. The invisible forces and the visible structures are mutually dependent on one another and are inseparable! The problems in the future will not only be concerned with the transport forces for ions and molecules, they must also include analyses of the translocation forces of larger structures like the vesicles. To distinguish between translocation of structures and transport of dissolved material may be a difficult task. The same statement may apply to the discrimination between active and passive transport forms. In fact neither exists entirely separated from the other form. Again it is a question of coupling to energy. Everything on the molecular level is coupled processes. Even the transport of water so important in the gastric juice production will certainly be disclosed as a form of co-transport.

In the march towards the future many obstacles have to be overcome not the least proper problem definitions. Many theories are not yet

born and maybe there will be some hope that the modern non-linear irreversible thermodynamics will supply guides for the understanding of structure formation. Without organized structures there will be no membranes and without membranes life would not exist!

The future will certainly be a challenging and exciting time for the next generations of gastric research workers. -

## Effects of Chronic Pentagastrin Stimulation on Parietal Cell Size in Rat Gastric Mucosa

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**ABSTRACT** Pentagastrin was injected in rats every eight hours for two weeks. Quantitative electron microscopical studies of the gastric mucosa revealed parietal cell hypertrophy in these rats. There was also an increase in the proportion of mucosa occupied by the parietal cells and by the epithelial cells, respectively.

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The effects of chronic pentagastrin stimulation on the gastric mucosa have previously been studied by several investigators. A trophic effect can be demonstrated in normal rat oxyntic mucosa, resulting in an increased synthesis of DNA and RNA (1, 2). Furthermore, it has been reported that there is an increase in the height of the mucosa (3, 4) and an hyperplasia of the parietal cells (3, 5).

In the present study the gastric mucosa from pentagastrin stimulated rats was studied with quantitative electron microscopical methods in order to analyze any changes which might occur in the size and number of the parietal cells.

### Material and Methods

The study was performed on 16 male Sprague Dawley rats which were 3 1/2 months old when they were killed. Eight of the animals were given an injection of pentagastrin (250 µg/kg body weight) every eight hours for 14 days. The pentagastrin was dissolved in 0.05 molar  $\text{NH}_4\text{HCO}_3$  (pH 8.2) in physiological saline and given in Calcitonin Diluent B (1% hydrolyzed gelatin, prepared by Armour Pharmaceuticals Co.) 1 ml of this mixture was injected each time (6, 7). The remaining eight rats served as



controls and received no injections. Immediately before sacrifice the rats in the control group weighed  $410 \pm 13$  g (mean  $\pm$  S.D.  $n=8$ ) and those in the pentagastrin group  $388 \pm 13$  g.

Before sacrifice the rats were fasted for 24 hours in individual wire-mesh bottom cages with free access to drinking water. The last injection of pentagastrin was given about 11 hours before the animals were killed. To avoid any diurnal variations all rats were killed between 9 a.m. and noon and in order to minimize the differences in the fixation four control rats and four stimulated rats were sacrificed on two consecutive days with the fixation fluid made up once daily. The rats were anaesthetized with an intraperitoneal injection of sodium pentobarbital (0.03 mg per g of body weight). The abdomen was opened and a cannula was inserted into the abdominal aorta in a retrograd direction just above the bifurcation. A hole was then cut into the portal vein and infusion of rinsing fluid was started through the cannula. The rinsing fluid was a slightly modified Tyrode solution (for composition see ref. 8) containing heparin and procain and it was delivered by means of a peristaltic pump at a rate of about 30 ml/min. By tying off the mesenteric vessels and by clamping the aorta just above the diaphragm most of the fluid was directed to the upper abdominal organs.

After about a minute the blood vessels on the gastric wall appeared empty of blood and the rinsing fluid was substituted by fixation fluid. This was identical to the rinsing fluid but contained in addition 3% formaldehyde, 4% glutaraldehyde and 0.05% picric acid (9) (pH 7.2, 1.500 mosmol). Simultaneously a few milliliters of the fixative was injected into the gastric cavity. The perfusion of fixative continued for 10 minutes at the same rate (30 ml/min) after which a portion of the gastric wall was excised from the greater curvature about 5 mm distal to the borderline of the forestomach. This tissue was cut into small pieces and was kept in the fixative at  $4^{\circ}\text{C}$  for another 3 hours. It was then rinsed in Tyrode, postfixed in 1%  $\text{OsO}_4$  in Tyrode at  $4^{\circ}\text{C}$  for 2 hours, dehydrated in rising concentrations of ethanol and embedded in epon. Ultramicrotome sections which covered the entire thickness of the mucosa were cut roughly perpendicular to the mucosal surface; the thickness of the sections was estimated to 80 nm. After contrasting with lead hydroxide and uranyl acetate the sections were examined in a Philips EN 300 electron microscope.

In survey electron micrographs trapezoid areas were marked which were limited by the surface of the mucosa the bottom of the glands and two parallel lines about 50 to 200  $\mu\text{m}$  apart. Within these areas all parietal cells were photographed at primary magnifications of about 1200 times. In the control group 383 parietal cells were photographed vs 350 in the stimulated group. In order to avoid identification problems only such parietal cells were photographed which exhibited the nucleus in the section. Using Weibel's multipurpose grid (10) the area was then determined for each parietal cell profile.

On the survey electron micrographs a similar grid was used to obtain the volume densities of the epithelial cells and of the parietal cells in reference to the mucosal volume (i.e. the percentage of mucosal volume muscularis mucosae not included which was occupied by the epithelial cells and by the parietal cells respectively).

Finally the thickness of the mucosa (excluding the muscularis mucosae) was measured in one micron thick survey sections.

The results are given as mean values  $\pm$  S.D. ( $n=8$ ).

### Results

There were no obvious differences between the two groups of rats with respect to the ultrastructure of the gastric mucosa. In particular the shape and the subcellular morphology of the parietal cells appeared quite similar in the two groups.

The thickness of the mucosa was  $0.65 \pm 0.10$  mm in the control rats and  $0.65 \pm 0.08$  mm in the stimulated rats. The mean profile area of the parietal cells was  $89 \pm 7$   $\mu\text{m}^2$  in the control rats vs  $104 \pm 9$   $\mu\text{m}^2$  in the stimulated rats. The difference is statistically significant ( $p < 0.005$ ) and corresponds to a ~25% larger cell volume in the stimulated rats. Permitting the assumption that the parietal cells are spheres (they are often ellipsoidal [1]) and that they were all sectioned through their centers (the nucleus is in the central part of the cells) then we can obtain a rough estimate of their mean volumes. In the control rats the volume was thus calculated to  $635 \pm 76$   $\mu\text{m}^3$  and in the pentagastrin treated rats  $797 \pm 111$   $\mu\text{m}^3$ .

The volume density of the epithelial cells was  $4.4 \pm 4.5\%$  in the control rats and  $5.2 \pm 4.9\%$  in the stimulated rats. The difference is statistically significant ( $p < 0.005$ ).

The volume density of the parietal cells was  $12 \pm 1.5\%$  in the control rats and  $16 \pm 2.7\%$  in the stimulated rats also this difference is statistically significant ( $p < 0.005$ )

By dividing the parietal cell volume densities by the figures for mean parietal cell volumes we can approximate the number of parietal cells per unit volume of mucosa. In the control rats this number averaged  $194\,000 \pm 24\,000$  per  $\text{mm}^3$  and in the stimulated rats  $198\,000 \pm 32\,000$

### Discussion

The estimated mean parietal cell volume in normal rats is ~40% smaller than that in a previous study (8). Moreover figures for the parietal cell volume density and epithelial cell volume density are 15-20% lower. The estimated number of parietal cells is ~35% higher. These variances are probably due to the use of two different fixatives. In the previous investigation 2% glutaraldehyde (470 milliosmoles) was employed.

The data show that the trophic effects of chronic pentagastrin stimulation in rats also include an hypertrophy of the parietal cells. This leads to an increase of their mean volume by ~25%. Theoretically this could also be due to the solvent but this does not seem very likely. Neither the hyperplasia of the parietal cells nor the increase in mucosal thickness reported by previous investigators (3-5) could be confirmed. However the proportion of epithelial cells rose from 44 to 52%. Differences in the preparation of the tissue as well as their use of light microscopic morphometry may well explain the divergence in results.

The growth of the parietal cells whether by hyperplasia or by hypertrophy is well correlated to alterations in the acid secretory capacity. Thus Stanley et al (5) who gave the same doses of pentagastrin to rats obtained an 80% increase in both basal and maximal acid output. With injections twice daily of 2 mg pentagastrin for three weeks Crean et al (3) demonstrated a four-fold increase in acid output. It is conceivable that longer periods of treatment with pentagastrin as well as higher doses would accentuate the morphological changes in the gastric mucosa.

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- 11 Hogben CAM Kent TH Woodward PA & Sill AJ Quantitative histology of the gastric mucosa in dog, cat, guinea pig and frog *Gastroenterology* 67 1143 1974

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## Ultrastructural Changes in Mouse Parietal Cells after High $H^+$ Secretion

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**ABSTRACT:** Further elucidation of parietal cell ultrastructural changes found during different secretory stages particularly when acid secretion ceases is described. Perfused stomachs of anaesthetized mice were monitored for acid secretion and fixed at known periods of secretory activity and examined by electron microscopy. The characteristic morphology of active and non-secreting parietal cells was confirmed and some intermediate stages were observed. The long standing interpretation that tubulovesicular membranes become continuous with the plasma membrane could not be confirmed. Alternative possible processes that may be involved include: 1. the closing off and internalization of the intracellular canaliculi; 2. formation of vacuoles and multivesicular bodies; 3. presence of endocytotic vesicles and coated vesicles; 4. and the appearance of concentric membrane profiles, flattened vesicles and pentalamellar bodies. It is suggested that these morphological features and other processes which may not be apparent by current tissue preparation techniques are involved in the movement of membrane to and from the tubulovesicular compartment and the plasma membrane.

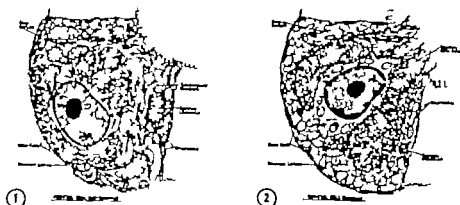
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Based on confirmatory evidence from various laboratories there is general agreement on the ultrastructural appearance of the actively secreting oxyntic or parietal cell and its non-secreting configuration (1-10). The most striking morphological feature of the non-secreting parietal cell is the abundance of tubulovesicular membrane whereas microvilli are few and sparse. On the other hand stimulated secreting cells are characterized by a marked decrease in the tubulovesicular system and an increase in the luminal plasma membrane with numerous elongated microvilli. Upon return to the non-secretory state the parietal cell structure reverts to the inactive configuration. It has been suggested that the cytoplasmic tubules or vesicles contribute directly

towards the increased cell surface by direct fusion (11-13). The reduction in the surface plasma membrane has been interpreted to be mediated by endocytosis by internalization of microvilli (4) or by formation of pentalamellar membrane structures (4, 7). Although it seems probable that all these processes are involved, the question remains as to whether they represent the sole or the major mechanism responsible for the transition from the active to the inactive state. In this presentation we would like to consider some ultrastructural observations on parietal cells from stomachs of mice fixed at known periods of secretory activity. In addition observations on parietal cells from cat stomachs harboring gastric spirilla are included.

Young adult male mice fasted overnight and anaesthetized with sodium pentobarbitone were prepared for gastric perfusion as previously described (9). Stomachs were perfused and the collected solution was monitored for acid secretion at 15 min intervals. Unstimulated control mice as well as mice stimulated by injection of histamine (0.23 mg free base/ml/h), followed by addition of carbachol (0.5 mg/ml) in the gastric perfusate were used. At known levels of secretory activity the stomachs were fixed for electron microscopy by substituting the gastric perfusate with a solution containing formaldehyde, glutaraldehyde and trinitro-cresol. Tissues were embedded in epoxy resin after osmication and uranyl acetate en bloc treatment. The specimens of cat stomach were fixed in buffered  $\text{OsO}_4$  and treated with uranyl acetate prior to embedment. Thin sections were examined after staining with uranyl acetate and lead citrate.

The structure of the mammalian parietal cell as related to gastric  $\text{H}^+$  ion secretion has been well defined in recent years and the salient features as determined by electron microscopy are illustrated in the drawings shown in Figs 1 and 2. The non-secreting cell configuration was characteristic of parietal cells in mice secreting usually no more than 0.03 meq/g body wt/15 min for several hours. These cells are invariably packed with tubules and vesicles which occupy 30 to 38% of the cell volume while the subapical microvilli comprise only 3 to 9% of the cell volume (9). The other cellular components remain relatively unchanged in different secretory states. Mitochondria in parietal cells are large and abundant and occupy about 22 to 34% of the cytoplasm. In



some non-secreting parietal cells multivesicular bodies and lysosomes are particularly prominent

In contrast to the inactive parietal cell experimentally stimulated parietal cells from mice secreting as much as 1  $\mu\text{eq/g}$  body wt/15 min at the peak period of secretion have the appearance illustrated in Fig. 2. In these cells the tubulovesicular compartment has been greatly virtually depleted and there is a great increase in the number and length of microvilli which tend to occlude the luminal space of the canaliculi. In mice stimulated with insulin (9) which produce only moderately high rates of acid secretion the microvillar volume increases to about 21% of the total cell volume while the tubulovesicular system is reduced to 3 to 5%.

It must be stressed that the experimentally produced extreme functional states illustrated in the drawings are not found as the predominant parietal cell configuration in antrals from fasted or fed mice. Normally parietal cells exhibit some intermediate morphology which probably represents low or intermediate levels of secretory activity.

A recently reported observation (14) which may be important in the present consideration of membrane transposition between microvilli and tubulovesicular membrane is the internalization of the intracellular canaliculi. As illustrated in Fig. 3 the parietal cell from non-secreting control mouse contains several dilated canaliculi with a few short stubby microvilli. The content of these canaliculi is clear in marked contrast with the adjacent lumen of the gastric gland which is



the energy releasing enzymes were transplanted to the gastric realms. As you know it has taken some time for the biochemists to take over. Perhaps it is justified to state that the dominating trend of today is seen in the studies of the coupling processes between ion transport and energetics. There are very few papers in this Symposium which do not somehow mention ATP. The first informative studies on the overall energetics were performed on isolated specimens of the gastric mucosa, the technique which was introduced during and after World war II. The success with the isolated superfused mucosa mounted in plastic chambers marked a very great step forward. It could be stimulated with a well defined stimulant, histamine, and many parameters could be studied with less ambiguity than in work on stomachs *in situ*. One early result was the demonstration that the overall effect of the  $H^+$  ion secretion into the mucosal solution side was accompanied by a corresponding increase in the alkalinity of the nutrient solution: there was a 1:1 process between  $H^+$  and  $OH^-$  (an observation which also shed some light on the old phenomena of an alkaline tide in the urine following a meal). Well, we all know what a state of refinement the chamber methods have reached in the recent years.

Before I proceed with the exciting time at the end of the 1930-ties when the isotope labelling came into general use, I should like to do some justice to some more old-fashioned approaches which were and still are of importance for the medical sides of the gastric problems. The surgeons had added quite a great deal of knowledge about the nervous mechanisms of the gastric acid production, revealed in some widely used surgical operations. So had the physicians and pharmacologists made contributions on gastric juice stimulants and inhibitors. In the late thirties one had a feeling that the old gastrin of Edkins from 1905 was dethroned by the powerful compound histamine. By degrees the more or less unitarian arguments subsided. Nowadays we acknowledge a whole series of active substances in the stomach machinery. The influence of the whole body status via hormones or nervous actions has been the subject of medical psychologists. From Pavlov's conditioned reflexes one has turned to the influence of stress as one genetic factor in stomach or duodenal ulcer formation.

But let us return to the electrolyte transport processes. This term superseded slowly the prevailing vocabulary of ion accumulation and ion permeability. Perhaps this marked a realisation that the purely phe-



8 Part of an intracellular canaliculus of a parietal cell from a white rat had secreted 10.9  $\mu\text{eq}/15 \text{ min}$  but fixed when the rat had responded to 2.65  $\mu\text{eq}/15 \text{ min}$ . Note the pleomorphic shape of the microvilli in some microvilli (arrows) tubular profiles are evident within the canaliculus.

9 Part of a mouse parietal cell after secretion had diminished to 1.6  $\mu\text{eq}/15 \text{ min}$  from a high of 16.0. Note the presence of a multivesicular body (MYB) as well as concentric membrane profiles (CMP) flattened vesicles (FV) and coated vesicles (CV).

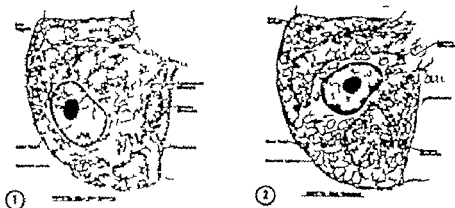
continuity between these two membrane compartments. Numerous small multivesicular bodies as well as lysosomes are apparent.

During the period when parietal cells are returning to an inactive state the microvilli seem to lose some of their rigidity and are often pleomorphic, bulbous in shape. In some of the microvilli tubular membranes are invaginated into the microvilli core (see arrows in Fig. 8). These images are not found in actively secreting parietal cells but restricted to non-secreting elements, the cells are turning to the

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Young adult male mice fasted overnight and anaesthetized with sodium pentobarbitone were prepared for gastric perfusion as previously described (9). Stomach was perfused and the collected solution was monitored for acid secretion at 15 min interval. Unstimulated control mice as well as mice stimulated by injection of histamine (0.23 mg free base/ml/h), followed by addition of carbachol (0.5 mg/ml) in the gastric perfusate were used. At known levels of secretory activity the stomachs were fixed for electron microscopy by substituting the gastric perfusate with a solution containing formaldehyde, glutaraldehyde and trinitro-cresol. Tissues were embedded in epoxy resin after fixation and uranyl acetate en bloc treatment. The specimens of cat stomach were fixed in buffered  $\text{OsO}_4$  and treated with uranyl acetate prior to embedding. Thin sections were examined after staining with uranyl acetate and lead citrate.

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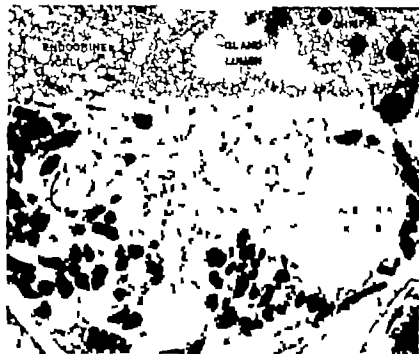


Fig 3 A low power electron micrograph of a non-secreting mouse parietal cell. Note that the lumen of the gland is filled with a dense secretory product (pepsinogen) while the intracellular canaliculus appears empty. An endocrine cell at upper left and chief cells at upper right.

filled with a dense substance resembling pepsinogen from neighboring chief cells. If the intracellular canaliculi were connected with the lumen, the dense secretory product should have diffused into the canaliculi. Its absence therefore strongly suggests that lumen and intracellular canaliculi are separate compartments.

Further evidence for the internalization of the intracellular canaliculi is illustrated by a series of micrographs from cat parietal cells (Fig 4-6). Many mammalian stomachs harbor numerous large gastric spirilla. They not only tolerate the acid environment and strong proteolytic activity of gastric secretions but require this unusual environment for their maintenance and proliferation. In many parietal cells



Figs 4-6 Portions of cat parietal cell. Fig. 4 is a section of an intracellular canaliculus with open lumen. Fig. 5 illustrates a canaliculus containing a section of a gastric spirillum. Fig. 6 is a low power micrograph of parietal cell containing spirilla contained within lysosomal bodies and undergoing degeneration.

from animals infected with these microorganisms the bacteria may be found protruding into the lumen of the intracellular canaliculi. Furthermore, these parietal cells often contain numbers of dense lysosomal bodies. In some of the lysosomes single spirillum aggregates of several bacteria enclosed by the limiting membrane of the digestive vacuole and peptidase in various stages of lysis. One obvious interpretation is that during acid secretory activity the gastric spirilla swim down into the depths of the intracellular channels. Why they favor this presumed site of  $H^+$  ion secretion where the pH is 1.0 or lower is interesting but unresolved. In any event they represent convenient ultrastructural traces and their intracellular location suggests that during active secretion the canaliculus opens into the gland lumen. Subsequently when secretion ceases and the canaliculus no longer communicates with the gland lumen the foreign intruders are trapped within the parietal cell and ultimately digested. Obviously an alternative interpretation may be

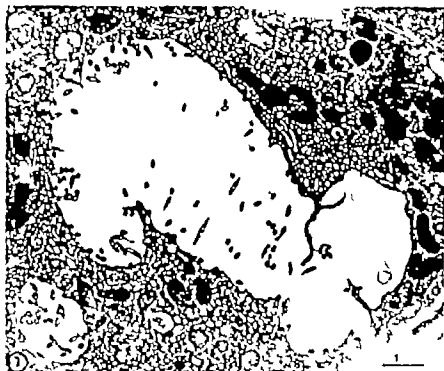


Fig. 7. An electron micrograph of a mouse parietal cell returning to the inactive state. The intracellular canaliculus (1) is bordered by a few microvilli and the cytoplasm contains abundant tubulovesicular elements.

that spirilla were simply phagocytosed after they entered the canaliculus. However, this seems less likely since the amount of canalicular area itself is greatly reduced in the nonsecreting parietal cell.

The remaining electron micrographs (Figs. 7-12) illustrate some of the structural features which are found in mouse parietal cells during recovery from high secretory activity when acid secretion was declining towards or just reached control levels. In Fig. 7 a late stage in tubulovesicular reconstitution by the parietal cell at the expense of the plasma membrane of the microvilli of the intracellular canaliculus is illustrated. The lumen of the canaliculus appears distended. Although elements of the tubulovesicular system come into close approximation with the plasma membrane, there is no evidence that there is any direct



8 Part of an intracellular canaliculus of a parietal cell from a mouse which had secreted 10.9  $\mu\text{eq}/15 \text{ min}$  but fixed when the rate had dropped to 2.63  $\mu\text{eq}/15 \text{ min}$ . Note the pleomorphic shape of the microvilli in some microvilli (arrows) tubular profiles are evident within the canaliculus.

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continuity between these two membrane compartments. Numerous small multivesicular bodies as well as lysosomes are apparent.

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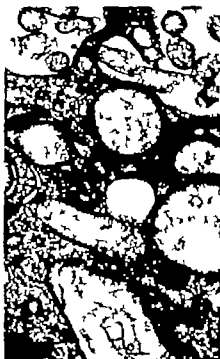
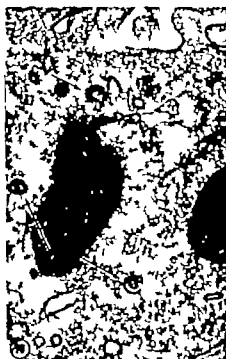


Fig 10 Sample from same animal as Fig 9. An internalized coated vesicle (CV) as well as concentric membrane profiles (CMP) and flattened vesicles are present but tubulovesicular elements are not yet formed.

Fig 11. A mouse parietal cell from an animal which was secreting at a rate of 20.5  $\mu\text{eq}/15 \text{ min}$  and subsequently dropped to 2.5. In some cells close packed membrane profiles resembling the pentalamellar structures are seen.

#### inactive state

An ubiquitous cytoplasmic component of parietal cells during the phase of recovery from high secretory activity is represented by the concentric membrane profiles (CMP) illustrated in Figs 8, 9 and 10. These profiles have an outer diameter of 80–100 nm and contain an inner vesicle about 40–50 nm in diameter. In some sections the inner element appears to represent an infolding of the outer membrane and thus the structure can be interpreted as a cup-shaped cistern. A favorable section in Fig 10 suggests this possibility. Whether all of these concentric membrane



Fig 12 A parietal cell from animal secreting 10 meq/15 min some 45 min after a peak response of 15 meq/15 min. Numerous tubulovesicular elements with enclosed vesicles are present. Also note the lysosomal bodies.

profiles result from infolding of a vesicle or actually represent a vesicle enclosed by another vesicle is not known. Along with concentric membrane profiles there are many flattened vesicles about 20-40 nm in their narrow dimension. The precise origin and eventual fate of these vesicular elements is not clear but many early forming tubulovesicular membranes enclosed small vesicles (Fig 12). Another structure possibly related to the concentric profiles are the coated vesicles still joined to the plasma membrane (Fig 9) or free in the cytoplasm (Fig 10). Microfilaments in the microvilli and in the cytoplasm are consistently present and they have been shown (15) to be actin-like. A few microtubules are also present and together with the filaments have been suggested as possible means of internalizing plasma membrane (7).

In some cells the cytoplasm contains clear rounded or elongated bodies surrounded by two layers of closely apposed membranes (Fig 11). These structures have some resemblance to the five layered membranes described in dog parietal cells (4) or the pentalamellar structures of the pig gastric parietal cell (7). In the mouse gastric parietal cells these membranes are not as closely packed and a clear space of at least 2 nm separates the

adjacent membranes. Multivesicular bodies (Figs 7-9, 12) are often prominent in the non-secreting parietal cell.

Observations on parietal cells of known functional activity reveal interesting structural correlates to cell activity. The further understanding of just how this cell manages to change its morphology in response to stimulation will be important in learning how the stomach secretes acid. Furthermore, study of this rather unique cell may well add to our basic knowledge of how cells and their membranes are involved in ion secretion. In parietal cells it seems reasonable to look for a morphological basis for the transposition of tubulovesicular membrane components to and from the plasma membrane as a correlate to acid secretion. Although there may be segments of the process that may not be demonstrable by current microscopic techniques, it seems worthwhile to explore further the structural correlates of gastric ion secretion.

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## The Cytoprotective Effect of Mucosal Blood Flow in Experimental Erosive Gastritis

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**ABSTRACT:** Blood flow through the gastric secretory epithelium of the dog was studied by radioactive microspheres under a variety of conditions that lead to enhanced  $H^+$  for  $Na^+$  exchange and acute erosive gastritis. Aspirin in the dose range studied uniformly lead to erosions in normal or low flow states. Increased flow prevented lesion formation. Substances such as PCMB8 and Carbenoxolone that are associated with a high rate of back-diffusion of  $H^+$  and  $Na^+$  efflux do not produce erosive gastritis as expected because of a large increase in mucosal perfusion. Thus, mucosal blood flow protects gastric mucosa from chemical injury.

Gastric secretory epithelium of most mammals (1-3) including dog (4-7) presents a relatively impermeable barrier to hydrogen ions. This is a fortunate characteristic that allows the development of a high level of intragastric acidity without injury to the mucosal surface. Chemical disruption of this cation barrier by a variety of substances leads to a substantial increase in  $H^+$  back diffusion and  $Na^+$  outflow (8). These events are usually accompanied by acute gastric mucosal lesions in the form of erosive gastritis (9).

The mechanisms of injury which contribute to or follow breaking of the cation barrier are poorly understood. It is the purpose of this paper to review work done in our laboratories on the role of mucosal blood flow in this process. The results of these studies suggest that blood flow may play an important role in protecting the mucosal surface from injury during high rates of  $H^+$

supernormal levels of blood flow also provide immunity from the  
 barrier breaker aspirin

# EXPERIMENTAL DESIGN

If greater curve of dog stomach was housed in a lucite chamber  
 at surface uppermost and blood supply intact (10) The mucosal  
 area in single chamber experiments and 16 cm<sup>2</sup> in those in  
 unopened chamber was employed All studies were carried out  
 with anesthetized with sodium pentobarbital

When the mucosal surface was covered with a known  
 hydrochloric acid (0.15 N) The instillate was drained by  
 sponges and then replaced by fresh solution Net fluid ex-  
 creted by difference in weight between fluid instilled and  
 removed Ion content was ascertained by potentiometric titration

Hydrogen ion concentration by flame photometry Back-diffusion of hydro-  
 gen ions was calculated by subtracting the mass of hydrogen ions recovered  
 from that instilled Sodium efflux was identified by the rate of appearance of  
 Na<sup>24</sup> in the acid instillates

Total blood flow through the gastric segment was measured by a venous out-  
 flow technique (11) Mucosal blood flow was estimated by the method of amino-  
 pyrine clearance and/or the distribution of radioactive microspheres (12, 13)  
 All of these methods have had extensive usage in our laboratory and when  
 used together provide a reliable way to quantitate vascular events

The mucosal surface was observed during the experiments and also exam-  
 ined by light and transmission electron microscopy Standard methods were

employed for fixation and staining details of which are provided in the referenced papers (35). Since sampling is such an important part of this phase of the work the following guidelines were established early in our studies and strictly adhered to. Firstly in most studies biopsies were taken from one mucosal surface while analytical measurements were made simultaneously from the other in the double chamber model under precisely similar experimental conditions. Secondly whenever possible the morphologist member of the team (CZ) carried out blind studies of control and test mucosa.

A variety of substances known to be injurious to the mucosal epithelium were used in these experiments as stressors or "barrier breakers". Aspirin, bile salts and alcohol were employed because of their reliability and popularity. It should be pointed out that they produce quite different lesions to the naked as well as the aided eye. Alcohol injury (25% w/v) is mild with only minimal disturbance in appearance of the mucosal surface. Bile salts (20 to 40 mM sodium taurocholate in 0.14 N HCl) produce a severe injury characterized by an eschar formation over the rugal crest. Aspirin (20 mM in 0.14 N HCl) induces multiple small well circumscribed focal lesions which are similar to what is seen grossly when the mucosal surface of patients with erosive gastritis undergo endoscopic examination. The lesions which follow exposure of the mucosa to p-Chloromercuribenzenesulfonate in the concentrations employed (10 mM PCMBSS in 0.1 M Tris buffer adjusted to pH 7.8 in HCl and made isosmotic with mannitol) could only be appreciated by light microscopy. Bathing the mucosa with 0.25% carbenoxolone sodium dissolved in normal saline by adjusting the pH to 7.5 with  $\text{Na}_2\text{CO}_3$  was accompanied by no apparent gross changes in the mucosa and only a mild disturbance in the rate of cell extrusion.

or mucus release identified at low level electron microscopy. Details of these findings will be discussed below.

#### BLOOD FLOW AND CATION EXCHANGE IN RESPONSE TO COMMON STRESSORS

The effects of exposing gastric epithelium to weak acids has been well characterized during the years since the initial observation of Teorell that acetic acid and other barrier breakers cause a rapid disappearance of in-stilled acid from the stomach of the cat with a comparable gain of sodium entry into the gastric lumen (1). Similar events have been documented in pouches of canine gastric secretory mucosa and in the intact stomach of man (36). The role of blood flow in this process remained controversial until Archibald and Simons validated the technique of distribution of radioactive microspheres for measurement of gastric mucosal blood flow (12, 13). Cheung and his colleagues have used this technology to document the changes in blood flow which occur during exposure of the mucosa to alcohol, aspirin, and bile salts (14). Hydrogen ion back-diffusion and blood flow increase in each instance. The results can roughly be summarized by stating that a several fold increase in  $H^+$  back diffusion was accompanied by only a two to three-fold increase in mucosal blood flow. Aminopyrine clearance measured only 50% of the volume of mucosal blood flow indicated by microsphere distribution.

#### MUCOSAL BLOOD FLOW DURING MILD INJURY

Para-Chloromercuribenzenesulfonate, a sulfhydryl reagent which is known to disrupt biological membranes, was employed as an agent which would produce only mild injury to the mucosa during rapid rates of  $H^+$  back diffusion (15). The relationship between  $H^+$  back diffusion and  $Na^+$  efflux was distinctly at unity. We have observed a similar relationship for most barrier

breakers and have adopted the notion that one for one exchange of  $\text{Na}^+$  for  $\text{H}^+$  must have some biological significance. While there is considerable variability between dogs in any group of experiments, the increase in  $\text{H}^+$  loss through the mucosa is always accompanied by an increment in sodium movement into the lumen. Whether this increase in  $\text{Na}^+$  efflux is a consequence of increased filtration and passive movement of sodium between cells, or active transport through cells is not known. The degree of injury usually seen at the ultrastructural level with PCMBs in neutral solution is mild, characterized by loss of surface cell microvilli, widening of intercellular spaces, and vacuolization of mitochondria (16). There are no detectable gross mucosal changes under these conditions. Exposure to PCMBs in isosmotic acid, however, produces an elaboration of a thick white coat of mucus over the mucosal surface. The extent of histologic injury is also more severe.

The relationship between  $\text{H}^+$  back-diffusion and mucosal blood flow (as measured by microspheres) was studied in a separate group of experiments employing canine gastric segments housed in a double chamber. The ratio between mucosal blood flow (MBF) and  $\text{H}^+$  back-diffusion equalled  $0.54 \pm 0.13$  prior to PCMBs and  $0.33 \pm 0.11$  after PCMBs when  $\text{H}^+$  loss increased from  $1.76 \pm 0.63$  to  $17.8 \pm 2.17$   $\mu\text{Eq}/\text{min}$  ( $n=4$ ). No change in the mucosal surface was observed. When the ratio of MBF to  $\text{H}^+$  loss was reduced to  $0.1 \pm 0.1$  by blood withdrawal, massive disruption of the mucosal surface ensued. These experiments clearly established a critical relationship between level of mucosal perfusion and rate of  $\text{H}^+$  back-diffusion. The high levels of mucosal blood flow appeared to protect the epithelium from PCMBs injury; a restriction of mucosal perfusion in the presence of PCMBs led to severe erosive gastritis.



## CONDITIONS UNDER WHICH THE MUCOSA CAN TOLERATE A HIGH RATE OF $H^+$ PERMEATION

It was quite by chance that we learned that the mucosa can tolerate a high rate of  $H^+$  back diffusion without developing erosive lesions following exposure not only to PCMBs but also to the triterpenoid congener of licorice Carbenoxolone (17). Exposure of the mucosal surface to 0.25% carbenoxolone in an isosmotic solution of HCl led to a nearly four-fold increase in  $H^+$  to  $Na^+$  exchange and a comparable large increase in mucosal perfusion. The major histologic finding was the in situ degeneration of mucus cells accompanied by the intracellular solubilization of mucus. These experiments further support the idea that enhanced mucosal perfusion during rapid rates of  $H^+$  can protect the mucosal surface from injury. Results with PCMBs also provided a clue that such would be the case and established that reducing blood flow in the presence of a tolerable level of enhanced back diffusion would uniformly lead to injury. We have not carried out this latter experiment with carbenoxolone. The work of Hamza and Den Besten and Ritchie had clearly established this latter point previously in dogs as well as in monkeys (18, 19). Cheung and Chang have subsequently defined the quantitative relationships under which this might occur (20). It is now quite clear that a decrease in mucosal perfusion in the presence of disruption of the mucosal barrier to cation diffusion will lead to acute mucosal lesions.

## PREVENTION OF ASPIRIN EROSION GASTRITIS BY ENHANCED MUCOSAL BLOOD FLOW

A critical question is whether increasing blood flow to the mucosa can prevent injury following exposure to barrier disruption. Dr. McGreevy has answered this question in the affirmative by increasing mucosal blood flow

several fold with the direct intraarterial administration of isoproterenol (0.1 µg/min). Employing appropriate controls, he found that a four-fold increase in mucosal perfusion to the chambered gastric segment would provide complete protection against aspirin injury (Table I). This was accompanied by a somewhat lesser rate of  $H^+$  back-diffusion as compared to the mucosa that developed erosions with normal levels of mucosal blood flow. These interesting results are very new and as yet have not been fully appreciated as to their full significance. It would appear, however, that enhanced mucosal blood flow in some way interferes with the usual barrier disruptive potential of aspirin.

TABLE I BLOOD FLOW AND HYDROGEN ION LOSS FOR EACH 15-MIN PERIOD AFTER ASPIRIN INJURY

LESION	$H^+$ Loss µeq/min	Blood Flow (ml/min)
NONE (14 periods in 3 dogs)	17.3 ± 2.2	36.3 ± 3.4
MILD (19 periods in 4 dogs)	21.7 ± 1.3	26.5 ± 2.1
SEVERE (14 periods in 6 dogs)	22.3 ± 1.7	8.8 ± 0.8

## DISCUSSION

The following observations are quite firm: 1) Barrier breakers such as aspirin, alcohol, and bile salts produce an increased rate of  $H^+$  back diffusion and  $Na^+$  efflux with mild to severe mucosal lesions. There is also a significant increase in mucosal blood flow, but of a degree less than that of the increase in ion exchange. 2) Barrier breakers that produce a large flux of  $H^+$  and  $Na^+$  and a comparable change in blood flow are not accompanied by significant mucosal injury. 3) A decrease in mucosal blood flow in the presence of increased back diffusion of  $H^+$  following exposure to a mild barrier breaker

leads to severe mucosal injury. 4) Supernormal levels of mucosal perfusion prevent aspirin injury and the usual marked increase in  $H^+$  back-diffusion associated with this agent. These results demonstrate an intimate relationship between mucosal blood flow and acid injury. Clearly, a decrease in blood flow in the presence of a rapid rate of  $H^+$  permeation leads to erosive gastritis. Substances which are accompanied by an increase in perfusion that is comparable to the increment in  $H^+$  back-diffusion are protected against significant injury. It is likely in this instance that the increased blood flow helps to dispose of  $H^+$  ions either by buffer dilution or other processes that allow the surface cells to withstand exposure to increased penetration by  $H^+$  ions.

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## Acid base Balance in the Frog Gastric Mucosa, Role of the Extracellular Space

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**ABSTRACT:** Equilibrium of acid and base was measured in the extracellular compartments of *in vitro* frog gastric mucosa; 5,5-dimethyloxazolidine-(2,4-dione-2- $C^{14}$ ) was used as weak acid and nicotine- $H^3$ -(G)-bitartrate was used as weak base. Inulin-carboxyl (carboxyl- $C^{14}$ ) or Inulin( $H^3$ ) were used in the same mucosae to measure the serosal and mucosal extracellular volumes. It is proposed: a) the existence of charges capable to maintain asymmetries in the distribution of electrolytes in the absence of acid secretion and b) the existence of restrictions between the extracellular spaces and the solutions able to develop differences in the electrolyte concentrations as consequence of the pH differences during acid secretion.

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The distribution of weak electrolytes has been used to estimate the intracellular pH in different tissues (1). The fundamental assumption of the intracellular pH measurement is that the undissociated form of the indicator compound passes freely across cellular membranes by passive diffusion and reaches equal concentrations on the two sides. The concentration of the ionic form will be determined by the concentration of the undissociated form and by the pH. Using this principle the intracellular pH can be calculated if the compound can be analytically determined in the intracellular and extracellular water. This is valid when the extracellular concentration and pH are known and the intracellular concentration measured.

It is generally considered that the solution is in direct



contact with the cell membrane. The continuous cell layer covering the frog stomach is mainly formed by epithelial and oxyntic cells (2). In the preparation called *in vitro* frog gastric mucosa only the surface epithelial cells which represent 1/7 of the cell area are directly exposed to the secretory solution (3). The other epithelial cells and the oxyntic cells are in the glands. The glands pits and tubules form the extracellular space. In this space a hydrogen ion accumulation is expected due to the primary acid secretion. At the serosal surface the intercellular spaces between the lateral cell membranes and the cell surfaces in contact with the basement membrane are separated from the nutrient solution by the lamina propria, the muscularis mucosa and part of the submucosa. It has been proposed that in this serosal extracellular space a substantial reduction in the carbon dioxide simultaneously with a bicarbonate increase takes place during acid secretion (4, 5). However no direct measurements of the extracellular spaces composition have been made and consequently neither the composition of extracellular content nor the nature of the restriction between these spaces and the solutions are known.

It seems possible to use the kinetics of the distribution of weak electrolytes to measure their activities in the extracellular compartments.

The present contribution is an attempt to measure the asymmetry in the distribution of weak electrolytes in the extracellular spaces of the acid secreting and inhibited mucosae. No attempt to estimate pH values for the extracellular or cellular volumes is made. Washout kinetics of 5,5-dimethyloxazolidine-(2,4-dione-2- $C^{14}$ ) and Nicotine- $H^3$ -(G)-d-bitartrate across the two surfaces were done.

*Rana pipiens* were used in these experiments. The 7.4 pH solution previously described (3) was buffered with 17.8 mM  $NaHCO_3$  and 5%  $CO_2$ . The  $NaHCO_3$  concentration was changed to 5.8 and 57.5 mM to prepare the 6.9 and 7.9 pH solutions. These solutions were also equilibrated with  $O_2$ - $CO_2$  95-5. In both cases the NaCl concentration was changed to keep the

total sodium constant and the osmolality between 218 and 225 mOsm/Kg water. Acid secretion was stimulated with  $10^{-5}$  M histamine diphosphate or inhibited with  $2 \times 10^{-3}$  M sodium amytal.

The method used in the experiments is summarized in Table I

TABLE I

## Experimental Procedure

- (1) Gastric mucosa preparation obtained by blunt dissection
- (2) Loaded in double labelled solution (90 min)
- (3) Mounted between two chambers and washed (120 min)
- (4) Mucosa weighted and extracted (48 h)
- (5) Samples from steps 2, 3 and 4 counted for  $H^3$  and  $C^{14}$  activities

The mucosae were loaded for 90 min in buffered solution labelled simultaneously with DMO- $C^{14}$  and Inulin- $H^3$  or with Nicotine- $H^3$  and Inulin- $C^{14}$ . After blotting each mucosa was mounted as a flat sheet between two symmetrical chambers. Both chambers were filled with buffered unlabelled solution of the same pH used to load the mucosa. The unlabelled solutions in both chambers were totally replaced at 5, 10, 15, 20, 25, 30, 40, 50, 60 and 90 min. Samples of the double labelled loading solutions, the unlabelled washout solutions and the extract obtained from mucosa after 48 hours incubation and 40°C were counted for  $H^3$  and  $C^{14}$  activities. Extract of unlabelled mucosae was added to prevent quenching differences due to proteins (6). The activity remaining in the mucosa at each time was obtained by adding the activities recovered in the solutions placed in the chambers after the corresponding time.

Table II presents the equations used to fit the activity remaining in the tissue as function of the washout time. The two-exponential model was chosen because in a three-exponential model previously used the third exponential represents less than 0.005 of the total activity of the mucosa (7).

contact with the cell membrane. The continuous cell layer covering the frog stomach is mainly formed by epithelial and oxyntic cells (2). In the preparation called *in vitro* frog gastric mucosa, only the surface epithelial cells which represent 1/7 of the cell area are directly exposed to the secretory solution (3). The other epithelial cells and the oxyntic cells are in the glands. The glands, pits and tubules form the extracellular space. In this space a hydrogen ion accumulation is expected due to the primary acid secretion. At the serosal surface the intercellular spaces between the lateral cell membranes and the cell surfaces in contact with the basement membrane are separated from the nutrient solution by the lamina propria, the muscularis mucosa and part of the submucosa. It has been proposed that in this serosal extracellular space a substantial reduction in the carbon dioxide simultaneously with a bicarbonate increase takes place during acid secretion (4, 5). However, no direct measurements of the extracellular spaces composition have been made and consequently neither the composition of extracellular content nor the nature of the restriction between these spaces and the solutions are known.

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that the tracer is in the same concentration of the solutions or even that the tracer is homogeneously distributed in the extracellular compartments

TABLE III

DMO Distribution in the Tissue Water

pH	Activity in the tissue water Activity in the loading solution	
	Serosal surface	Mucosal surface
6.9	1.34 ± 0.06	0.33 ± 0.03
	0.84 ± 0.05	0.29 ± 0.03
7.4	1.05 ± 0.05	0.23 ± 0.02
	0.78 ± 0.04	0.25 ± 0.03
7.9	0.87 ± 0.03	0.20 ± 0.03
	0.61 ± 0.04	0.15 ± 0.02

Upper values were obtained in histamine stimulated mucosae and lower values were obtained in amylal inhibited mucosae

The upper values correspond to the results obtained in the histamine stimulated mucosae. The lower values correspond to the amylal inhibited mucosae. DMO activity in the serosal extracellular compartment is reduced by amylal inhibition of the acid secretion. The differences are significant ( $P < 0.001$ ) at the three pH values studied. No significant difference is observed at the mucosal surface by effect of amylal inhibition. This suggests that at least part of the DMO accumulation at the serosal extracellular compartment is related to the  $\text{CO}_2/\text{HCO}_3^-$  change produced during acid secretion. In addition there are at both surfaces significant DMO accumulation observed in the amylal inhibited mucosae.

Table IV presents the nicotine recovered from the extracellular compartments. Nicotine accumulates in the mucosal extracellular compartment in histamine stimulated mucosae. No significant accumulation is observed in the serosal extracellular compartment. The amylal inhibition of the secretion simultaneously reduces the nicotine accumulation in the mucosal extracellular space and increases its activity in the serosal extracellular space. But even in the amylal inhibited

ed mucosae there exist significant differences between the mucosal and serosal extracellular nicotine activities

TABLE IV

Nicotine Distribution in the Tissue Water

pH	Activity in the tissue water Activity in the loading solution	
	Serosal surface	Mucosal surface
6.9	0.38 ± 0.04	0.58 ± 0.05
	0.81 ± 0.11	0.55 ± 0.06
7.4	0.56 ± 0.11	1.53 ± 0.33
	1.02 ± 0.14	1.19 ± 0.14
7.9	0.56 ± 0.08	2.25 ± 0.27
	0.71 ± 0.10	1.19 ± 0.19

Upper values were obtained in histamine stimulated mucosae and lower values were obtained in amylal inhibited mucosae

Simultaneously with the electrolyte activity changed produced during inhibition changes in total tissue water and inulin spaces have been reported (6)

TABLE V

DMO Distribution in the Extracellular Compartments

pH	Activity in the extracellular water Activity in the loading solution	
	Serosal surface	Mucosal surface
6.9	4.50 ± 0.60	3.01 ± 0.82
	2.06 ± 0.11	5.18 ± 0.39
7.4	2.12 ± 0.11	3.96 ± 0.31
	2.10 ± 0.28	3.84 ± 0.49
7.9	2.05 ± 0.13	2.08 ± 0.21
	1.97 ± 0.27	2.63 ± 0.25

Upper values were obtained in histamine stimulated mucosae and lower values were obtained in amylal inhibited mucosae

Table V presents the same DMO extracellular activities previously shown but this time referred to the extracellular water volume. The extracellular water volume was es-

timated from the tissue water and its fraction reached by inulin from the serosal and the mucosal surfaces

DMO significantly accumulates at both the serosal and the mucosal surfaces. Only at 6.9 pH the activity reduction at the serosal surface due to amytal inhibition remains significant. No differences could be observed in the other five couples of concentration values. This suggests that extracellular DMO and water change simultaneously with amytal inhibition.

TABLE VI

Nicotine Distribution in the Extracellular Compartments

pH	Activity in the extracellular water Activity in the loading solution	
	Serosal surface	Mucosal surface
6.9	0.92 ± 0.12	10.3 ± 3.4
	1.56 ± 0.17	10.6 ± 1.2
7.4	1.14 ± 0.24	34.2 ± 7.4
	2.63 ± 0.40	28.8 ± 5.4
7.9	1.18 ± 0.12	29.3 ± 2.8
	1.71 ± 0.27	21.3 ± 5.4

Upper values were obtained in histamine stimulated mucosae and lower values were obtained in amytal inhibited mucosae.

Table VI presents the nicotine extracellular activities referred to the extracellular water volumes. The nicotine accumulation in the serosal extracellular space becomes significant during amytal inhibition, suggesting that water increase is smaller than nicotine accumulation ( $P < 0.001$ ). Nicotine accumulation at the mucosal extracellular space is reduced significantly ( $P < 0.001$ ). Using the values reported in the last two figures which are referred to the extracellular water volume, it is possible to estimate the activity ratios between the mucosal and serosal extracellular contents.

In the absence of acid secretion when the net chloride flux is also reduced, it is clear from Table VII that both the DMO that ionizes as a weak acid and the nicotine that ionizes as a weak base accumulate significantly more in the

mucosal negative extracellular space than in the serosal positive extracellular space. In this condition no pH difference exists between the surfaces able to explain the asymmetrical distribution of the electrolytes.

TABLE VII

## Serosal to Mucosal Ratios

pH	5,5-Dimethyl-oxazol-2-one-2- <sup>14</sup> C	
	Stimulated mucosae	Inhibited mucosae
6.9	0.78 ± 0.17 (14)	2.60 ± 0.24 (10)
7.4	1.87 ± 0.15 (22)	2.12 ± 0.38 (10)
7.9	1.11 ± 0.15 (16)	1.53 ± 0.22 (10)

Nicotine-H<sup>+</sup>-(G)-D-bitartrate

pH	Nicotine-H <sup>+</sup> -(G)-D-bitartrate	
	Stimulated mucosae	Inhibited mucosae
6.9	13.5 ± 4.7 (12)	8.7 ± 2.5 (10)
7.4	33.2 ± 4.8 (10)	11.0 ± 1.0 (10)
7.9	26.2 ± 5.2 (10)	12.6 ± 2.4 (10)

Each value is the mean ± SE. In parenthesis are the number of experiments.

Histamine stimulation of acid secretion towards the mucosal surface and bicarbonate release towards the serosal surface induces the expected increment in the mucosal to serosal nicotine activity ratio and the corresponding reduction in the mucosal to serosal DMO ratio.

In short, the measured distribution of weak acid and base in the extracellular compartments of the *in vitro* frog gastric mucosa during inhibition and stimulation of acid secretion suggest: (a) the ability to maintain asymmetries in the distribution of electrolytes in the absence of acid secretion; (b) the existence of restrictions between the extracellular spaces and the solutions able to develop differences in the electrolyte concentrations as consequence of the pH differences during acid secretion; and (c) that in these conditions the measurements of total weak electrolytes distribution does not represent measurements of the pH of the

extracellular or the pooled cell compartments

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## The Effects of $K^+$ and $Na^+$ on Acid Formation in Isolated Gastric Glands

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**ABSTRACT** Isolated gastric glands from the rabbit incubated in  $K^+$  free medium lost their ability to respond to secretagogues both in terms of oxygen consumption as well as aminopyrine (AP) accumulation. Also the basal AP accumulation was totally abolished. The  $K^+$  content of the glands could not be lowered more than 50%. Addition of  $K^+$  to glands pre-treated with db-cAMP induced rapid metabolic and secretory responses. Increasing the  $K^+$  concentration to 54 mM did not change the basal oxygen consumption but gave a higher AP accumulation. Incubation in  $Na^+$  free medium with standard  $K^+$  concentration made the glands lose most  $Na^+$  and 2/3 of their  $K^+$  content. In spite of this the glands responded in a normal way to secretagogues. It is suggested that  $K^+$  but not  $Na^+$  is essential for the  $H^+$  secretion, that  $K^+$  highly couples the secretion and the metabolism, and finally that extracellular  $K^+$  is the primary source for the  $K^+$  involved in acid secretion.

**INTRODUCTION** The ionic requirements for acid secretion has been extensively studied in the isolated amphibian gastric mucosa and  $K^+$ ,  $Cl^-$  and  $Ca^{++}$  has been shown to be essential for the acid secretory mechanism (1, 2, 3). Contradictory reports exist about the importance of  $Na^+$  (4, 5).

In this respect little has been known about the conditions necessary for the mammalian parietal cell due to the lack of a sensitive isolated system. Now however several working mammalian preparations have been presented, one of which is the preparation of isolated gastric glands (6). The glands obtained from the rabbit gastric mucosa have now been characterized with respect to their basic properties, their responsiveness to

secretagogues and inhibitors their morphology in resting and stimulated state and more recently the importance of Cl<sup>-</sup> for the formation of acid in the glands was demonstrated (7,8,9)

The topic of the present investigation was to explore the requirement of K<sup>+</sup> and Na<sup>+</sup> for the formation of acid in these isolated gastric glands

**MATERIAL AND METHODS:** Isolated glands were obtained by the method of Berglindh and Obrink (6). After separation the glands were divided into different fractions and each washed in their respective medium 5 times during 45 min at room temperature

**Solutions:** Normal incubation medium: NaCl 132.4mM, KCl 5.4mM, NaH<sub>2</sub>PO<sub>4</sub> 1.0mM, Na<sub>2</sub>HPO<sub>4</sub> 5.0mM, MgSO<sub>4</sub> 1.2mM, Ca acetate 1.0mM, pH 7.4

Na free medium: Choline chloride 140.0mM, KH<sub>2</sub>PO<sub>4</sub> 6.0mM, MgSO<sub>4</sub> 1.2mM, Ca-acetate 1.0mM, pH was adjusted to 7.4 with a few drops of Tris base (300mM)

K<sup>+</sup> free medium was obtained by replacing KCl by NaCl

High K<sup>+</sup> medium (54mM) was obtained by replacing NaCl by an equivalent amount of KCl. All media contained 2mg/ml glucose, 2mg/ml albumin (Sigma) and 0.001% phenol red

**Chemicals:** Db-cAMP as sodium salt, histamine diphosphate and aminophylline were obtained from Sigma. Aminopyrine (N-4-dimethyl-C14) with a specific activity of 19mCi/mmol was a product of NEH Chemicals. Inulin (C14) carboxylic acid with a specific activity of 0.8mCi/mmol was obtained from the Radiochemical Center, Amersham

Glandular parietal cell response was studied by means of changes in oxygen consumption and accumulation of aminopyrine (AP) (the latter is a weak base which will be trapped in acid compartments). Both methods have been described thoroughly elsewhere (7,8)

The electrolyte content of the glandular cells was determined by

using Inulin-C14 as extracellular marker. Dried pellets of glands were dissolved in 0.2 ml  $\text{HNO}_3$  and subsequently diluted to an appropriate concentration by addition of water.  $\text{Na}^+$  and  $\text{K}^+$  were determined in an Eppendorf flame photometer.

Statistical analysis was performed using the Student's *t* test for paired samples.

**RESULTS** Glands of the same population were incubated in normal  $\text{K}^+$  free as well as in a medium containing 1 mM  $\text{K}^+$  the latter was obtained by mixing proper amounts of normal and  $\text{K}^+$  free medium. To each Warburg flask 0.5  $\mu\text{Ci}$  AP was added. Each group of glands was either untreated or stimulated by histamine  $10^{-4}\text{M}$  or db-cAMP  $10^{-3}\text{M}$ .

After 30 min preincubation at 37°C oxygen consumption was studied for 60 min at which time the AP accumulation ratio (i.e. AP in intraglandular water/AP in extraglandular water) was determined. The respiratory rates as well as the AP accumulation ratios obtained in this way are listed in Table I.

The glands incubated in the normal medium showed the standard response to addition of histamine or db-cAMP in terms of increased oxygen consumption and AP accumulation (7). In the  $\text{K}^+$  free medium the basal oxygen consumption was not significantly altered but the glands lost their ability to increase the respiratory rate upon addition of the secretagogues. Normally unstimulated glands showed a considerable basal AP accumulation (7.8). Without  $\text{K}^+$  in the medium this accumulation was almost totally abolished thus it decreased from 43.6 to 2.6. This low basal value was not significantly affected by histamine but did increase to 17.0 in the presence of db-cAMP.

With 1 mM  $\text{K}^+$  in the medium the glands showed a small metabolic and secretory responsiveness to secretagogues. Also the basal accumulation

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**MATERIAL AND METHODS** Isolated glands were obtained by the method of Berglindh and Obrink (6). After separation the glands were divided into different fractions and each washed in their respective medium 5 times during 45 min at room temperature

**Solutions** Normal incubation medium NaCl 132.4mM KCl 5.4mM NaH<sub>2</sub>PO<sub>4</sub> 1.0mM Na<sub>2</sub>HPO<sub>4</sub> 5.0mM MgSO<sub>4</sub> 1.2mM Ca acetate 1.0mM pH 7.4

**Na free medium** Choline chloride 140.0mM KH<sub>2</sub>PO<sub>4</sub> 6.0mM MgSO<sub>4</sub> 1.2mM Ca-acetate 1.0mM pH was adjusted to 7.4 with a few drops of Tris base (300mM)

K<sup>+</sup> free medium was obtained by replacing KCl by NaCl

High K<sup>+</sup> medium (54mM) was obtained by replacing NaCl by an equivalent amount of KCl. All media contained 2mg/ml glucose 2mg/ml albumin (Sigma) and 0.001% phenol red

**Chemicals** Db-cAMP as sodium salt histamine diphosphate and aminophylline were obtained from Sigma. Aminopyrine (H-4-dimethyl-C14) with a specific activity of 19mCi/mmol was a product of HEI Chemicals. Inulin (C14) carboxylic acid with a specific activity of 0.8mCi/mmol was obtained from the Radiochemical Center Amersham

Glandular parietal cell response was studied by means of changes in oxygen consumption and accumulation of aminopyrine (AP) (the latter is a weak base which will be trapped in acid compartments). Both methods have been described thoroughly elsewhere (7,8)

The electrolyte content of the glandular cells was determined by

and oxygen consumption since no time consuming morphological change has to occur

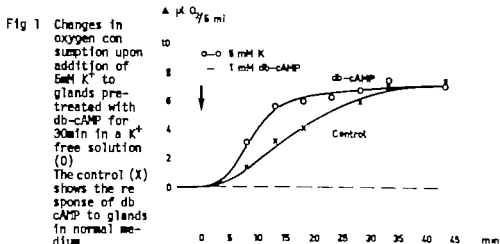


Fig 1 shows such an experiment where the oxygen consumption was measured in glands pretreated with db-cAMP in a  $K^+$  free solution. The addition of 5.0mM  $K^+$  resulted in a rapid increase in oxygen consumption up to a new steady state within 15 min. Simultaneously glands incubated in normal medium was given 1.0mM db-cAMP and they followed the same stimulatory time-response pattern as seen before (7). i.e. 35-40 min was needed to obtain a steady state value.

The same type of experiment was performed with AP accumulation. Glands incubated in a  $K^+$  free medium were divided in three portions. To one db-cAMP 1.0mM was added at time 0 and all three were incubated for 45 min. At this point 5.4mM  $K^+$  was added to the db-cAMP treated and to one of the untreated while the third received both 5.4mM  $K^+$  and 1.0mM db-cAMP. The incubation then continued for another 45 min. A typical example of such an experiment is shown in Fig 2. The glandular AP accumulation was followed by determination of the extraglandular AP content which is a sen-

Table III

Electrolyte and water content in glands incubated in different media during 45 min. The glands were not obtained from the same preparation except for the  $\text{Na}^+$  free. Mean  $\pm$  S.E. is presented

Medium	$[\text{Na}^+]$ mEq/kg ICW	$[\text{K}^+]$ mEq/kg ICW	kg ICW/kg dry wt
Normal n = 9	$23.2 \pm 3.8$	$133.7 \pm 2.3$	$2.04 \pm 0.06$ from ref (6)
$\text{K}^+$ free n = 6	$95.8 \pm 5.3^a$	$64.3 \pm 2.1^a$	$2.00 \pm 0.08$
54mM $\text{K}^+$ n = 5	$11.2 \pm 1.7$	$147.5 \pm 6.4$	$1.89 \pm 0.13$
$\text{Na}^+$ free n = 5	$4.4 \pm 0.1^b$	$38.0 \pm 0.5^a$	$2.38 \pm 0.02^a$
$\text{Na}^+$ free + 1mM db-cAMP n = 5	$3.9 \pm 0.1^a b$	$32.2 \pm 0.4^a b$	$2.67 \pm 0.01^a b$

a—denotes values significantly different ( $P < 0.05$ ) from the normal medium  
b—denotes values significantly different ( $P < 0.05$ ) between the  $\text{Na}^+$  free

$\text{Na}^+$  free medium. Glands incubated in choline medium with normal  $\text{K}^+$  concentration had a basal oxygen consumption which was 25% below the control value. Also the basal AP accumulation ratio was significantly decreased. In Table IV is also listed the glandular responses to histamine  $10^{-4}\text{M}$ , aminophylline  $10^{-3}\text{M}$  and db-cAMP  $10^{-3}\text{M}$ . In contrast to the  $\text{K}^+$  free situation the incubation in  $\text{Na}^+$  free medium did not inhibit the stimulatory effect of the secretagogues. On a percentage basis the increase above

Table IV

Oxygen consumption and aminopyrine (AP) accumulation ratio in normal and choline incubated glands. Each experiment was performed on glands from the same population  $n = 4$  except where noted. Mean  $\pm$  S.E.

	Normal medium		Na <sup>+</sup> free medium	
	$\mu\text{l O}_2/\text{mg}$ dry wt $\times$ 30min	AP ratio ICW/ECW	$\mu\text{l O}_2/\text{mg}$ dry wt $\times$ 30min	AP ratio ICW/ECW
Control	7.9 $\pm$ 0.6	27.7 $\pm$ 4.3	5.9 $\pm$ 0.4 <sup>b</sup>	13.2 $\pm$ 3.8 <sup>b</sup>
Histamine 10 <sup>-4</sup> M	10.8 $\pm$ 0.8 <sup>a</sup>	57.5 $\pm$ 8.1 <sup>a</sup>	8.4 $\pm$ 0.8 <sup>a, b</sup>	62.9 $\pm$ 11.6
Aminophylline 10 <sup>-3</sup> M	8.1 $\pm$ 0.7 <sup>a</sup> $n=3$	74.1 $\pm$ 8.2 <sup>a</sup> $n=3$	9.7 $\pm$ 1.2 <sup>a</sup> $n=3$	102.0 $\pm$ 17.4 <sup>a</sup> $n=3$
Db-cAMP 10 <sup>-3</sup> M	13.1 $\pm$ 1.9 <sup>a</sup>	85.4 $\pm$ 10.8 <sup>a</sup>	12.0 $\pm$ 1.4 <sup>a</sup>	140.5 $\pm$ 19.1

a—denotes values significantly different ( $P < 0.05$ ) from the respective control

b—denotes values where the same treatment gave a response significantly different ( $P < 0.05$ ) from that of the normal medium

basal in both oxygen consumption as well as in AP accumulation was in fact higher than for the normal glands. In absolute figures only the histamine stimulated respiration in Na<sup>+</sup> free glands was significantly lower than the corresponding control. Aminophylline in particular gave differing results in terms of oxygen consumption: thus in normal medium the increase was only 2.6% whereas a 64.5% increase was seen in the Na<sup>+</sup> free situation. Very high figures were also obtained for the stimulated AP accumulation and they did not significantly differ from those found in the normal glands.



ly lowered

Db-cAMP in  $K^+$  free medium The addition of db-cAMP to glands in  $K^+$  free medium caused a small but significant increase in the AP accumulation This could either be interpreted as a small stimulation of acid formation or since no metabolic response was seen as an increase in AP accumulation space (8) The latter would indicate a morphological transformation of the parietal cells from a resting to a stimulated state (7,8) The rapid response obtained upon addition of  $K^+$  to glands pretreated with db-cAMP (Fig 1,2) indicated that the glands by some means had been prepared for secretion whether by a morphological change and/or by some other means must be further explored

In any case the intracellular pool of transport  $K^+$  must have been reestablished possibly indicating a direct pathway for the  $K^+$  to that pool In addition  $K^+$  might directly activate the  $K^+$ -ATPase in the secretory membrane of the parietal cells via the lumen of the gland provided the cells are in a canalicular state This would correspond to the instant return of secretion seen when  $K^+$  is added to the secretory side of the frog gastric mucosa (1)

Metabolic secretion coupling It is noteworthy that the glands in the absence of extracellular  $K^+$  lose both the ability to form acid as well as the ability to increase the metabolic rate upon addition of secretagogues This is in contrast to the behavior of glands incubated in  $Cl^-$  free medium where the glands responded with an increase in oxygen consumption although the AP accumulation was very poor (9) Thus  $K^+$  seems to be crucial for the direct coupling between acid formation and metabolism a point which is further supported by the parallel increase in oxygen consumption and AP accumulation in the case discussed above Accordingly in the absence of  $K^+$  the process or cascade of processes leading to  $H^+$  secretion is

prevented. This sharply indicates that the  $K^+$ -activated ATPase might be one of the terminal steps in the  $H^+$  secreting mechanism.

**High  $K^+$  medium.** An increase of the extracellular  $K^+$  concentration did not affect the basal oxygen consumption but increased the AP ratio. Since there is no reason to believe that an increase in  $K^+$  would induce a morphological change of the parietal cells, the increase in AP accumulation must be interpreted as an increase in acidity within the same space. Histamine increased the respiratory rate, but this was not coupled to an additional increase of the accumulation. This is, however, not surprising since according to the theory of AP accumulation (8) the final accumulation is the product of acidity and accumulation space.

In conclusion: 1. Extracellular  $K^+$  is the main source for the  $K^+$  involved in  $H^+$  secretion in isolated gastric glands regardless of the  $K^+$  content of the cells. 2. Stimulation of the  $Na^+$  free glandular parietal cell facilitated the access of transport  $K^+$  to the secretory site. 3.  $K^+$  tightly couples secretion and metabolism. 4. The  $K^+$  involvement in acid secretion is one of the final steps.

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## Histamine, Cyclic AMP and the Secretory Response of Piglet Gastric Mucosa

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**ABSTRACT** The involvement of cyclic 3',5'-monophosphate adenylyl (cAMP) as an intracellular mediator during stimulation of  $H^+$  secretion in mammalian gastric mucosa was investigated. We measured transepithelial potential difference (p.d.), resistance,  $H^+$  secretion and tissue AMP content in an active in vitro preparation: the piglet gastric mucosa during resting and histamine-stimulated conditions and then during return to the resting state following tissue washout. During the first 5-15 minutes after stimulation tissue cAMP and  $H^+$  secretion increased while resistance and p.d. decreased. However while  $H^+$  secretion, resistance and p.d. showed sustained changes the changes in cAMP were only temporary. Our data show that the increase in cAMP is synchronous with the decrease in resistance and that these events precede  $H^+$  secretion; once initiated the  $H^+$  secretion as well as the decreased resistance are maintained even after the cAMP content has declined. Tissue washout caused cAMP, p.d., resistance and  $H^+$  secretion to return to resting levels within 45 minutes.

### INTRODUCTION

The secretagogue induced transition of the resting gastric mucosa to the actively secreting condition involves dramatic changes in ultrastructure and electrophysiological variables of the oxyntic (HCl-secreting) cell (1). For the amphibian gastric mucosa the concept of adenosine 3',5'-monophosphate (cAMP) as a second intracellular mediator of these changes has been widely accepted. For example methyl xanthines which inhibit the cAMP degrading enzyme phosphodiesterase stimulate  $H^+$  secretion (2,3) and this increase in  $H^+$  secretion is well correlated with both the time course and the magnitude of increased tissue content of cAMP. Although there seems to be little question that cAMP is intimately involved in  $H^+$  secre-

tion (though the actual step or steps involved in this complex process which are c-AMP sensitive are still unknown) by frog gastric mucosa there has been little agreement regarding its role in  $H^+$  secretion by mammalian stomachs. Exogenously added c AMP and theophylline has been reported to cause increased  $H^+$  secretion in vitro rabbit stomach (4) but a decrease in vivo rat stomach (5) and no effect in vivo dog stomach (6). Biochemical assays have shown the presence of an adenylyl cyclase in many species of mammalian gastric mucosa but the sensitivity of this enzyme to secretagogues has been disputed. Perrier and Lester (7) observe a stimulation by histamine but Jacobson's group (8) does not. It is not surprising that two recent reviewers of this topic have come to opposite conclusions. Kinberg (9) suggested that  $H^+$  secretion is correlated with increased levels of c AMP while Amar (10) cautiously suggested that the correlation is with decreased levels of c AMP.

This controversy led us to design experiments in which we measured c AMP content and electrical and secretory variables all at the same time in one in vitro piglet gastric mucosa both during histamine stimulation and then during return to resting state following wash-out of tissue. In vitro piglet gastric mucosa has proven to be an exceptionally useful mammalian preparation for several reasons: (1) It can be easily and rapidly removed from underlying muscle and connective tissue layers; (2) it responds rapidly to histamine addition and removal; (3) in contrast to other in vitro preparations of mammalian stomach the secretory and electrical responses are very similar to those observed in vivo and these can be maintained for up to 6 hours (11); (4) the complications inherent to in vivo preparations e.g. changes in blood flow are circumvented.

#### MATERIALS AND METHODS

Gastric mucosa from baby pigs (newborn to 19 days of age) were prepared for in vitro experiments in a manner which has been described in detail elsewhere (11). Briefly the animal was killed by a blow to the head and subsequent transection of the spinal cord. The stomach was quickly removed and the gastric mucosa separated from the serosal muscle coats by a "blistering" technique. Two separate pieces of the epithelium were then tied onto the end of mounting tubes (1.4 cm<sup>2</sup> area) which were in turn quickly assembled into separate

water jacketed (37°C) Ussing type chamber (see Fig. 1 of ref. 11). Warmed bathing solutions were introduced and gassing with 95% O<sub>2</sub> 5% CO<sub>2</sub> commenced immediately. The serosal bathing solution contained (in mM): 122 NaCl, 25 NaHCO<sub>3</sub>, 5 KCl, 1 MgCl<sub>2</sub>, 1 CaCl<sub>2</sub> and 10 glucose while the mucosal bathing solution was 150 mM NaCl.

Trans-epithelial electrical potential difference (p.d.) was measured by connecting the bathing solutions through 1 M NaCl-agar bridge and calomel half cells to a high impedance electrometer and strip chart recorder. The sign of the p.d. was always negative mucosal side with respect to serosal side. Resistance was measured using voltage clamping device by measuring the current required to clamp the p.d. to a value 5 mV less than the spontaneous open circuit p.d. The piglet gastric mucosa has a linear ohmic resistance over this range of p.d.s (12). Since the resistance of the solutions (12 to 26  $\Omega \cdot \text{cm}^2$ ) was not insignificant compared to that of the tissue all reported resistances have been corrected for this solution resistance. Rates of H<sup>+</sup> secretion were monitored by the pH stat technique of Durbin and Heins (13); the mucosal fluid was maintained at pH 5.0 by addition of 0.1 N NaOH (Radiometer Autoburette) which was measured at 3 minute intervals.

Tissue cAMP content was measured by a method modified from Gilman (14). The pieces of tissue were placed in a small glass homogenizer containing 1.0 ml of ice-cold 50% glacial acetic acid. After homogenization 100  $\mu\text{l}$  sample was further precipitated in 10% ice cold trichloroacetic acid for determination of protein content by the method of Lowry (15). The rest of the homogenate (900  $\mu\text{l}$ ) was spun for 4 minutes in an Eppendorf centrifuge and 800  $\mu\text{l}$  of the supernatant was dried in a vacuum oven. This dried extract was then dissolved in 200-250  $\mu\text{l}$  of 50 mM Tris-Cl (pH 7.5) containing 4 mM EDTA. A 50  $\mu\text{l}$  aliquot was assayed in duplicate for cAMP using cAMP Analysis Kit from Amersham/Beckman.

The specific experimental protocol was as follows: Two pieces of the same gastric mucosa were mounted in the chambers and allowed to equilibrate over the course of approximately 45 minutes. During this time the p.d. and resistance both increased and stabilized at approximately -45 mV and 125  $\Omega \cdot \text{cm}^2$  respectively. H<sup>+</sup> secretion was bestor occurred at very low rates ( $\leq 0.4 \text{ eq}/\text{cm}^2 \text{ hr}$ ) in the non

stimulated tissues. In these experiments there was some variability from preparation to preparation. Preliminary experiments indicated that resting tissues with resistances less than  $100 \Omega \cdot \text{cm}^2$  were unresponsive to histamine stimulation. We have therefore used only those tissues which had resting resistances greater than  $100 \Omega \cdot \text{cm}^2$ . At specified times after histamine stimulation or its removal one of the chambers was rapidly disassembled and a portion of the tissue was cut out for analysis of cAMP content. This procedure took approximately 7 seconds. Electrical variables and  $\text{H}^+$  secretion were monitored in the companion piece of tissue. Thus p.d., resistance,  $\text{H}^+$  secretion and cAMP content could all be analyzed in the same tissue during resting conditions at different times after histamine addition and then during the return to resting conditions after the removal of histamine addition and then during the return to resting conditions after the removal of histamine from the solutions (wash 4 times with fresh solutions). We also performed control experiments to assure ourselves that the changes in cAMP content were not artifacts due to contamination from any residual connective tissue and/or smooth muscle. In two experiments the serosal muscle layer which had been dissected off the gastric mucosa was incubated under identical conditions as those described for the gastric mucosa and the cAMP content was measured after histamine addition over the same time course of incubation as that of the gastric mucosa.

As we were interested in the time sequence of changes in cAMP content as well as in electrical and secretory variables and because of the variability from tissue to tissue for the analysis of the data we have chosen to normalize them in the following manner: During stimulation we calculated for each tissue and at each time (0, 5, 10, 30 and 45 minutes) after histamine stimulation the ratio between changes at given time and maximal change occurring during the 45 minutes stimulation. This was done for each variable. As an example the ratio for changes in the cAMP content is given by the formula:

$$\frac{\Delta \text{cAMP}_t}{\Delta \text{cAMP}_{\max}} = \frac{\text{cAMP}_t - \text{cAMP}_0}{\text{cAMP}_{\max} - \text{cAMP}_0}$$

where  $\text{cAMP}_0$  refers to the count during resting conditions,  $\text{cAMP}_t$  to that measured  $t$  minutes after stimulation and  $\text{cAMP}_{\max}$  to the maximum value obtained at the 45 minute stimulation;  $\text{cAMP}_t$  and  $\text{cAMP}_{\max}$

therefore refer respectively to the change in c-AMP content at time  $t$  and the maximum change which was measured during the experiment. Similar ratios were calculated for the tissue wash-out experiments except that here  $t=0$  refers to the histamine stimulated state. Thus the resistance ratio was calculated using the formula above while for c-AMP and H<sup>+</sup> because the value at  $t=0$  also is the maximum value the ratios reduce to  $\frac{c-AMP_t}{c-AMP_0}$  and  $\frac{H_t}{H_0}$  respectively.

To visualize how the different variables were changing in time compared to each other we constructed phase diagrams in which we plotted the normalized value for any other variable at a given time  $t$ . If two variables are synchronous the experiment points should lie along the line of identity (45° slope); if two variables are not related in time the points will lie either above or below the line of identity.

## RESULTS

### Histamine stimulation

Addition of  $5 \times 10^{-5}$  M histamine to the serosal solution of piglet gastric mucosa caused rapid change in transepithelial resistance and c-AMP levels and somewhat delayed H<sup>+</sup> secretion. Immediate fluctuations in p.d. also usually occurred ( $\pm 2-3$  mV) within 5 seconds. The average responses ( $\pm$ SEM) of 11 these variables are shown in Table I. The change in electrical and secretory variables are quite dramatic and indicate that this in vitro preparation is physiologically active. The rates of H<sup>+</sup> secretion (up to 15  $\mu$ eq/cm<sup>2</sup>.hr in the series of experiment) are the highest recorded for any mammalian preparation in vitro.



TABLE 1

## RESTING AND HISTAMINE-STIMULATED PIGLET GASTRIC MUCOSA

	c AMP pmole/mg protein	Resistance $\Omega \text{ cm}^2$	H secretion $\mu\text{eq}/\text{cm}^2 \text{ hr}$	p d mV	N
Resting	$1.7 \pm 0.5$	$120 \pm 8$	$0.4 \pm 0.4$	$44.1 \pm 2.3$	7
Minutes after histamine stimulation					
5	$26.6 \pm 10.2$	$80 \pm 6$	$2.1 \pm 0.1$	$43.0 \pm 1.8$	7
10	$30.4 \pm 15.3$	$74 \pm 5$	$6.6 \pm 0.2$	$41.6 \pm 1.8$	7
15	$18.9 \pm 6.7$	$76 \pm 6$	$7.9 \pm 0.2$	$40.7 \pm 1.7$	7
30	$19.1 \pm 13.6$	$75 \pm 5$	$8.9 \pm 0.2$	$36.1 \pm 2.6$	3
45	$5.2 \pm 1.1$	$68 \pm 2$	$8.9 \pm 0.02$	$42.0 \pm 0.5$	7

Values are expressed as mean  $\pm$  SEM

Several features are of interest in Table 1: (1) c AMP content was low until addition of histamine; (2) after 10 minutes of histamine stimulation the c AMP content increased by an average of more than 15 fold; (3) resistance decreased and  $\text{H}^+$  secretion increased while p d changed only slightly over the same time period; (4) at times greater than 15 minutes the c AMP content declined while  $\text{H}^+$  secretion, resistance and p d remained fairly constant. Since the c AMP content in serosal muscle tissue remained constant ( $2.0-3.0$  pmole/mg protein) during the whole incubation time we attribute changes in the c AMP content as well as those in secretory and electrical variables to activities of the gastric mucosa.

We have further analyzed the experimental data by normalizing them according to the procedure described in Materials and Methods; the results are depicted in Figure 1 (a-f). The maximum change in c-AMP content occurred within 5 minutes (Fig. 1a) while the maximum increase in  $\text{H}^+$  secretion was delayed until 30 minutes (Fig. 1c). The phase diagram (Fig. 1d) shows that during stimulation changes in c-AMP content preceded changes in  $\text{H}^+$  secretion and that after 30-45 minutes there was no correlation between c AMP content and  $\text{H}^+$  secretion. Figure 1e shows that during the first 10 minutes the changes in c-AMP content slightly precede changes in resistance but that the two are nearly synchronous. As in the case of  $\text{H}^+$  secretion after 30-45

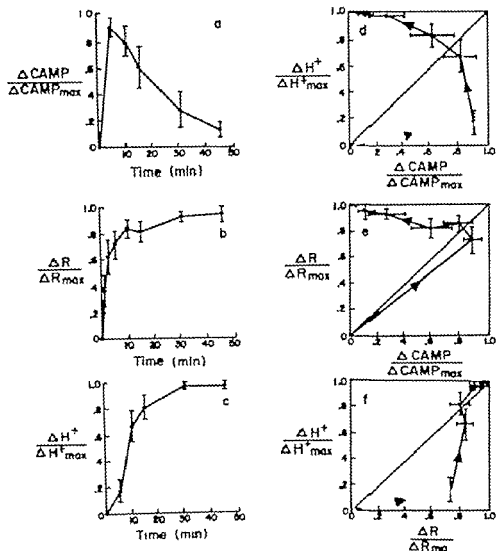


Figure 1 Histamine stimulation

are the mean normalized values  $\pm$  standard error of the mean for change in AMP content, resistance and  $H^+$  secretion respectively as they proceed in time after stimulation with histamine  $5 \times 10^{-5}$  M at  $t = 0$ . d, e, f are the phase diagrams; (d) cAMP content versus  $H^+$  secretion; (e) AMP content versus resistance; and (f) resistance versus  $H^+$  secretion. The arrows show the progression of time (t) with  $t=0$  at 0/0 and  $t=45$  at 0/1.0 for ld and le and at 1.0/1.0 for lf. The line of identity is the line with 45° slope.

minutes changes in resistance and c AMP content are not related to each other. Figure 1f shows that while changes in resistance precede  $H^+$  secretion up to 15 minutes after stimulation the two events are synchronous from 15 minutes on.

#### Tissue wash-out

In five further experiments we stimulated paired halves of gastric mucosae with histamine ( $5 \times 10^{-5} M$ ) and allowed them to incubate for 45 minutes while monitoring the above variables. Then after cutting out a control piece in one of the halves for the measurement of c AMP content both halves were washed four times with histamine free solutions.

TABLE 2

#### TISSUE WASH-OUT

	c AMP pmole/ $\mu$ g protein	Resistance $\mu A/cm^2$	$H^+$ secretion $\mu eq/cm^2/hr$	p d mV	N
Histamine stimulated for 45 min	$7.0 \pm 2.9$	$70.5 \pm 4.8$	$9.4 \pm 1.2$	$26.6 \pm 4.2$	5
Minutes after histamine removal					
10	$6.2 \pm 1.8$	$90.4 \pm 10.8$	$6.9 \pm 1.8$	$22.4 \pm 4.3$	5
20	$2.8 \pm 0.5$	$106.5 \pm 7.4$	$2.0 \pm 1.2$	$16.9 \pm 3.4$	5
45	$2.1 \pm 0.5$	$115.0 \pm 17.7$	$0.4 \pm 0.4$	$19.5 \pm 4.3$	5

Values are expressed as mean  $\pm$  SEM

Table 2 shows that during the wash-out resistance,  $H^+$  secretion and c AMP content all slowly returned to their resting levels. The p d which had dropped slightly during stimulation declined even further. We attribute the drop in c AMP content to two factors: (1) a lack of the stimulatory influence of histamine and (2) a loss of cellular c AMP due to diffusion through cell membranes (and breakdown of phosphodiesterase?).

Figure 2 shows the changes in c AMP content (Fig. 2a),  $H^+$  secretion (Fig. 2b) and resistance (Fig. 2c) the changes in resistance and  $H^+$  secretion being more pronounced than the changes

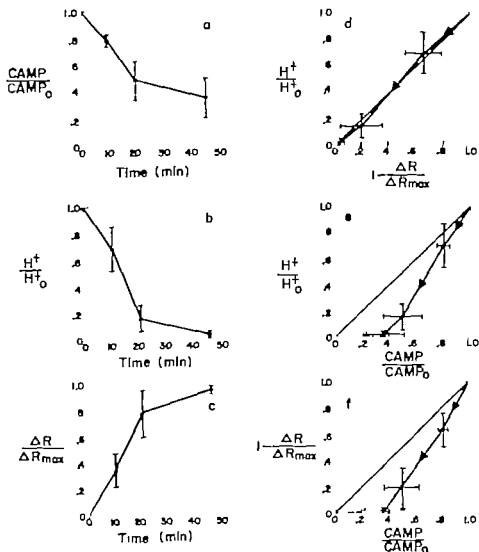


Figure 2 Tissue wash-out

are the mean normalized values  $\pm$  standard error of the mean for change in CAMP content,  $H^+$  secretion and resistance respectively as they proceed in time after the removal of histamine (4 washes) at  $t=0$ . d, e are the phase diagrams; (d) resistance versus  $H^+$  secretion; (e) CAMP content versus  $H^+$  secretion; and (f) CAMP content versus resistance. The arrows show the progression of time ( $t$ ) with  $t=0$  at 1.0/1.0 and  $t=45$  at 0/0. The line of identity is the line with 45° slope.

in cAMP content. The phase diagrams show that during tissue wash-out decreases in  $H^+$  secretion (Fig. 2e) and increases in resistance (Fig. 2f) both precede decreases in cAMP content. Figure 2d on the other hand shows a very tight correlation between changes in resistance and  $H^+$  secretion.

#### DISCUSSION

An interesting aspect of this study was that with histamine in the bathing solutions the cAMP content first increased but then decreased such that after 30-45 minutes it had dropped to a level half (or less than) that observed at the peak (Tables 1 and 2). Despite this decrease in cAMP content  $H^+$  secretion, resistance and p.d. remained nearly constant. In doing experiments of this type the time at which the cAMP content is measured is obviously an important variable. A similar stimulant induced transient increase in cAMP content has been observed in several other tissues (e.g. neural tissue ref. 16; pig epidermis ref. 17).

These experiments demonstrate that over the course of the first 10 minutes after histamine addition changes in cAMP content precede  $H^+$  secretion (Fig. 1d) but are roughly synchronous with decreases in resistance (Fig. 1e).

The changes in  $H^+$  secretion and resistance observed during stimulation are due to the activity of the oxyntic cells and it seems likely that the cAMP response is occurring in these cells too. We cannot though completely discount the possibility that the chief (pepsinogen secreting) and/or surface-epithelial (mucus secreting) cells contribute to the cAMP response.

At times greater than 15 minutes because  $H^+$  and resistance values remain constant at the same time as cAMP levels decline drastically we conclude that steady elevated cAMP content is not the necessary intracellular factor determining  $H^+$  secretion and electrical changes in piglet gastric mucosa. A possible explanation for the results is that cAMP is somehow involved as a trigger for the movements and ultimate fusion of tubulo-vesicular acid secreting membranes from an intracellular location up to the apical membrane (1). Once these membrane have been activated the presence of a high concentration of free  $Ca^{2+}$  may not be required. Thus the large peak of cAMP content after stimulation may be a necessary condition for

activation; the maintenance of the activated state may involve other agents either extracellular (e.g. histamine) and/or intracellular (e.g.  $\text{Ca}^{2+}$  and/or protein kinase) at a step distal to the initial formation of cAMP.

#### ACKNOWLEDGMENTS

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## MATERIALS AND METHODS

Isolated fundic or antral mucosa from *Rana temporaria* or *Necturus* was used as described previously (3). Briefly the mucosa was separated from the rest of the stomach wall by blunt dissection in an unbuffered buffer and mounted in Ussing chambers. The area of the exposed mucosa was  $1.3 \text{ cm}^2$ . An unbuffered frog Ringer solution which was bubbled with 100%  $\text{O}_2$  prewashed in  $\text{Ba}(\text{OH})_2$  to exclude possible traces of barium was used on the luminal (secretory) side. The pH on this side was constant at 7.40 by infusion of solutions containing 5 mM HCl or NaOH. The amount of base or acid transported into the luminal space was calculated from the amount of HCl or NaOH infused. The nutrient (serosal) solution was buffered with  $\text{HCO}_3^-$  (17.8 mM) and phosphate buffer (pH 7.4) and gassed with  $\text{O}_2$  and  $\text{CO}_2$  in a ratio of 95:5 (vol:vol). The standard nutrient and luminal solutions (3) always contained  $\text{Na}^+$  102.4,  $\text{K}^+$  4.0,  $\text{Ca}^{++}$  1.8,  $\text{Mg}^{++}$  0.8 and  $\text{Cl}^-$  91.4 mM,  $\text{SO}_4^{--}$  and mannitol being added to isotonicity.

To inhibit  $\text{H}^+$  secretion fundic mucosae were always pre-treated with the histamine  $\text{H}_2$  receptor antagonist Metiamide ( $10^{-3} \text{ M}$  nutrient side) until stable rates of net alkaline secretion were obtained and this drug was then present throughout the experiments. Catecholamines were added only to the nutrient side and these solutions were prepared immediately before use. Metiamide, 17-Gl-gastrin and pentagastrin were kind gifts from Dr M. E. Parsons SKF Herts, England. Dr M. I. Grossman, Vet. Adm. Hosp. Los Angeles, Ca, U.S.A. and ICI-Sweden, Gothenburg, Sweden. L-noradrenaline, L-adrenaline and DL-isoprenaline were obtained from Sigma, St. Louis, MO, U.S.A.

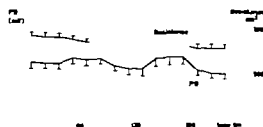
## RESULTS

Stimulation by nutrient  $\text{Ca}^{++}$ . The effects of elevation of the nutrient  $\text{Ca}^{++}$  (from 1.8) to 3.6 and 7.2 mM in the antral mucosa are shown in Fig. 1. At the highest concentration  $\text{Ca}^{++}$  increased the alkalization ( $0.01 < p < 0.02$ ) and the electric potential difference ( $p < 0.01$ ) but did not affect the transepithelial electric resistance. The lower concentration of  $\text{Ca}^{++}$  had a similar but not significant effect ( $p > 0.05$ ).

Abbreviation: PD, transepithelial electric potential difference.



Fig. 1. Effect of an increase in the nutrient  $\text{Ca}^{++}$  (from 1.8 to 3.6 or 7.2 mM) on  $\text{HCO}_3^-$  secretion and electrical properties of *Necturus* antral mucosa. Means  $\pm$  SE are given.  $n = 6$ .



An increase in alkalization with 7.2 mM nutrient  $\text{Ca}^{++}$  also occurred in the fundic mucosa ( $p < 0.01$ ,  $n = 8$ ). In the fundus, however, the initial (30 min) part of the increase in alkalization was masked by a transient increase in  $\text{H}^+$  secretion. The latter was not abolished by Metiamide.

Table I. Effects of pentagastrin and gastrin on  $\text{HCO}_3^-$  transport

	PD (mV)	Resistance (ohm $\text{cm}^2$ )	OH ( $\mu\text{eq cm}^{-2} \text{h}^{-1}$ )	
Control	$21.8 \pm 2.1$	$407 \pm 19$	$0.35 \pm 0.05$	
PG ( $10^{-6} \text{M}$ )	$20.8 \pm 2.1$	$409 \pm 14$	$0.31 \pm 0.04$	( $n = 11$ )
Control	$19.9 \pm 1.8$	$404 \pm 19$	$0.28 \pm 0.05$	
Control	$4.1 \pm 0.4$	$853 \pm 61$	$0.29 \pm 0.05$	
Gastrin ( $10^{-8} \text{M}$ )	$3.4 \pm 0.4$	$816 \pm 61$	$0.26 \pm 0.05$	( $n = 6$ )
Control	$3.1 \pm 0.3$	$789 \pm 63$	$0.29 \pm 0.05$	

Fundic mucosa from *Rana temporaria* pre-treated with Metiamide ( $10^{-3} \text{M}$ ) was used in the experiments with pentagastrin (PG) and antral mucosa from *Necturus* in the experiments with gastrin. The experiments were performed during three consecutive 45 min periods; means  $\pm$  SE during the last 15 min in each period are presented.



**Effects of pentagastrin and gastrin** These agents had no effects on antral and alkalizing fundic mucosae (Table I). Pentagastrin at the concentration used here ( $10^{-6}$  M) stimulated  $H^+$  secretion in *Rana temporaria* fundus ( $n = 4$ ).

**Effects of catecholamines** Noradrenaline inhibited fundic alkalization in concentrations of  $10^{-4}$  and  $10^{-5}$  M ( $p < 0.01$  for both) but had no significant effect on the PD or electric resistance (Fig. 2). A similar inhibition was observed in antrum (Fig. 3). The effect was partially reversible on removal of the drug and could be prevented by pre treatment of the mucosa with phentolamine (Fig. 4). Adrenaline inhibited fundic alkalization but only at the highest concentration of  $10^{-3}$  M ( $0.01 < p < 0.02$ ,  $n = 9$ ). At  $10^{-4}$  and  $10^{-5}$  M adrenaline had no significant effect. Isoprenaline did not affect the alkalization (Fig. 3).



**Fig. 2.** Effect of noradrenaline on  $HCO_3^-$  secretion by *Rana temporaria* fundic mucosa. The mucosae had been pre-treated with Metiamide ( $10^{-3}$  M) until stable rates of alkalization were obtained and this drug was then present throughout the experiments. No changes in PD or resistance occurred in these experiments.

The inhibitory effect of noradrenaline on  $HCO_3^-$  transport occurred both in the antrum and in the fundus. This very probably excludes the possibility that the decrease in fundic alkalization reflected some increase in the (Metiamide inhibited)  $H^+$  secretion.

It was however of interest to study the effect of the catecholamines also in fundic mucosa with spontaneous  $H^+$  secretion. With noradrenaline and adrenaline ( $10^{-3}$  M) ( $n = 4$  for both) there was a slight rise in net  $H^+$  secretion, this probably reflected inhibition of the simultaneous but smaller and therefore masked transport of  $HCO_3^-$ .

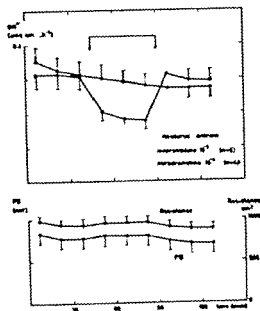


Fig. 3. Noradrenaline (circles) but not isoprenaline (dots) inhibited  $\text{HCO}_3^-$  secretion by *Neotoma* antrum. Means  $\pm$  SE are given. The catecholamine was present in the nutrient solution as indicated. Isoprenaline ( $10^{-3}$  M) slightly increased the FD and electric resistance. No changes in these parameters (not shown) occurred with noradrenaline ( $10^{-4}$  M).

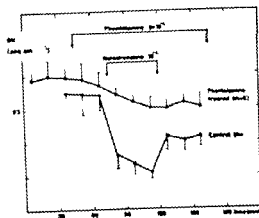


Fig. 4. Pre treatment with phenolamine ( $5 \times 10^{-4}$  M) prevented inhibition of the  $\text{HCO}_3^-$  secretion by noradrenaline ( $10^{-4}$  M). Fundic mucosa from *Rana temporaria* were used. Only noradrenaline were used in the control experiments (circles). Means  $\pm$  SE are given.

Isoprenaline however decreased the net  $\text{H}^+$  secretion but only at  $10^{-3}$  M ( $0.02 < p < 0.05$ ,  $n = 6$ ); in a concentration of  $10^{-4}$  M it had no significant effect.

## DISCUSSION

An increase in the nutrient  $\text{Ca}^{++}$  stimulated alkalization both in the antrum and in the fundus. The increased alkalization was associated with a significant increase in the transepithelial electric potential difference but there was no significant change in the electric resistance this may possibly indicate that  $\text{HCO}_3^-$  transport stimulated by  $\text{Ca}^{++}$  is electrogenic. Stimulation of gastric  $\text{HCO}_3^-$  secretion by (intravenous)  $\text{Ca}^{++}$  occurs also in the guinea pig in vivo (Flemström and Garner unpublished).

Previous work has suggested that cGMP is the second messenger in stimulation of gastric  $\text{HCO}_3^-$  transport by cholinergic agents and it seems highly probable that this transport originates from the antral and fundic surface epithelial cells (3). Cholinergic stimuli are mediated by cGMP in some other types of cells in the gastrointestinal tract (5, 6) and it may be of interest in this context that  $\text{Ca}^{++}$  is involved in the stimulatory process in these cells.

It is well known that cAMP serves as second messenger in stimulation of the  $\text{H}^+$  secreting (parietal) cells by histamine but neither dibutyl cAMP nor histamine affected gastric transport of  $\text{HCO}_3^-$  (3). Gastrin (penta-gastrin) stimulates  $\text{H}^+$  secretion and this very probably occurs by release of histamine (8). This hormone also had no effect on the  $\text{HCO}_3^-$  transport (Table I). The stimulatory pathway for  $\text{HCO}_3^-$  transport which probably involves cholinergic stimuli cGMP and  $\text{Ca}^{++}$  is thus different from the main pathway for  $\text{H}^+$  secretion involving cholinergic stimuli gastrin histamine cAMP (and  $\text{Ca}^{++}$ ).

Fromm and co workers (9) observed that noradrenaline decreased  $\text{HCO}_3^-$  secretion in the rabbit antrum. The present results indicate that inhibition of  $\text{HCO}_3^-$  transport by noradrenaline occurs both in the antrum and in the fundus and that this effect is mediated by adrenergic alpha receptors. Inhibition of  $\text{HCO}_3^-$  transport by adrenergic alpha agonists have been demonstrated also in the intestine (10). It thus occurs in the lumen facing cells in several parts of the gastrointestinal tract.

Neither noradrenaline nor adrenaline affected gastric  $\text{H}^+$  secretion but as reported before (11) there was some inhibition of  $\text{H}^+$  secretion with the beta receptor agonist isoprenaline. It was necessary however to use  $10^{-3}\text{M}$  of the beta agonist to get an effect on  $\text{H}^+$  secretion while the alpha agonist (noradrenaline) inhibited  $\text{HCO}_3^-$  secretion at a concen-

tration of  $10^{-5} \text{ M}$ . This may indicate that sympathetic activation of the gastric epithelium primarily affects the secretion of  $\text{HCO}_3^-$ .

#### Possible role of gastric $\text{HCO}_3^-$ transport

It has been suggested that the  $\text{HCO}_3^-$  transport protects the mucosa from damage by intraluminal acid (1, 2, 3) and it is likely that due to the higher mobility and usual excess of the  $\text{H}^+$  ion neutralization of  $\text{H}^+$  by  $\text{HCO}_3^-$  occurs at the luminal surface of the gastric epithelium. The protective ability of the  $\text{HCO}_3^-$  transport should increase if neutralization occurred in a surface boundary zone with low turbulence rather than in the luminal bulk solution (Fig. 5). It may be of interest that the visco-elastic mucous-gel adjacent to the luminal surface of the epithelium seems to have properties (12) appropriate to support  $\text{HCO}_3^-$  and  $\text{H}^+$  gradients. The concentration profiles within the surface boundary should depend on the amounts of  $\text{HCO}_3^-$  and  $\text{H}^+$  available for diffusion, the structure and charge of this zone and on the presence of other ions (cf. 13).

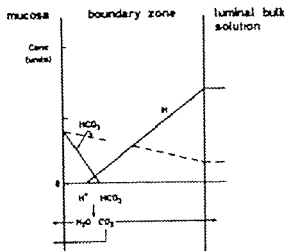


Fig. 5. Model for neutralization of  $\text{H}^+$  by  $\text{HCO}_3^-$  in a boundary zone at the luminal surface of the gastric epithelium. With acid gastric contents (solid lines) all  $\text{HCO}_3^-$  in the luminal bulk solution should appear in the form of  $\text{CO}_2$ . At high rates of  $\text{H}^+$  secretion some of the  $\text{CO}_2$  may be reabsorbed by the mucosa for utilization by the parietal cells in the  $\text{H}^+$  secretory process. Free  $\text{HCO}_3^-$  should appear only in non-acid bulk solutions (dashed line).

$\text{CO}_2$  and water should be released when  $\text{H}^+$  is neutralized by  $\text{HCO}_3^-$  and in guinea pig stomachs with acid contents and low rates of  $\text{H}^+$  secretion.

tion (4) there was good quantitative agreement between loss of  $H^+$  and release of  $CO_2$ . Free  $HCO_3^-$  appeared only in gastric contents with pH values above 4 but the total amount of  $HCO_3^-$  (free  $HCO_3^-$  plus  $CO_2$ ) transported into the gastric lumen was independent of the acidity of the contents. At high rates of  $H^+$  secretion however there seems to be some absorption of  $CO_2$  by the mucosa for utilization by the parietal cells in the  $H^+$  secretory process. Excess water may diffuse along its chemical gradient into the mucosa (14) and  $Na^+$  may diffuse into the gastric lumen to maintain electroneutrality when  $H^+$  is neutralized.

#### $HCO_3^-$ in regulation of gastric acidity

The rate of spontaneous (unstimulated)  $HCO_3^-$  secretion amounts to 5 - 10 % of the maximal  $H^+$  secretion both in vitro (3) and in vivo (4). This rate of  $HCO_3^-$  transport is in quantitative agreement with the well known (15-16) continuous loss of  $H^+$  ions from the lumen of the normal stomach.

Gastric  $HCO_3^-$  transport stimulated by carbachol, dibutyryl-cGMP or  $Ca^{++}$  amounts to 10 - 25 % of the maximal  $H^+$  secretion. Even stimulated active  $HCO_3^-$  transport thus seems insufficient to account for the very high rates of  $H^+$  loss occurring after gastric intraluminal instillation of unionized acetylsalicylic acid and some other agents (cf. 17). However under these circumstances there is also increased gastric transepithelial transport of large protein (18-19) and saccharide (20-21) molecules. Very high rates of gastric  $H^+$  loss may thus reflect efflux of luminal  $H^+$  or ultrafiltration of interstitial  $HCO_3^-$  (18-22) through an abnormally permeable epithelium. It has also been observed (23) that acetylsalicylic acid which inhibits active gastric transport of  $HCO_3^-$  at a high concentration increases leakage of this ion through the mucosa.

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## Effects of Sulfhydryl Reactive Agents on Ion Transport by Isolated Gastric Mucosa

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**ABSTRACT** The effects of p-chloromercuribenzenesulfonic acid (pCMBS) were measured on ion transport by isolated fundic and antral mucosa of the rabbit. Fundic mucosa exposed to pCMBS exhibits inhibition of acid secretion which is resistant to stimulation by histamine, dibutyryl cyclic AMP and theophylline. pCMBS decreases the short-circuit current and increases the tissue electrical resistance of both fundus and antrum. pCMBS increases luminal acid loss by fundus but decreases luminal acid loss by antrum. However, pCMBS does not increase the passive unidirectional fluxes of Na and Cl across fundus or antrum. This suggests that the apparent increase in luminal acid loss by fundus exposed to pCMBS is due to the inhibition of acid secretion. The effects of pCMBS are reversed by dithiothreitol (DTT) and cysteine. DTT alone but not cysteine stimulates acid secretion, which most likely is an effect of DTT on thiol groups not affected by pCMBS. Neither DTT nor cysteine increases mucosal permeability to acid. The data suggest that oxidation of thiol groups sensitive to pCMBS results in inhibition of active ion transport processes without increasing mucosal permeability. The thiol reducing agents DTT and cysteine also do not appear to cause an increase in gastric mucosal permeability.

Reaction of mercaptides in the gastric mucosa generally results in the inhibition of acid secretion and an increase in mucosal permeability both *in vivo* and *in vitro*. However, this permeability effect *in vitro* is related to the particular sulfhydryl reactive agent used (1). Varying degrees of specificity and/or membrane permeation probably account for some of the differing effect of these agents. The chloromercuribenzenes compounds have been used in many studies because they have a strong affinity for protein sulfhydryl groups (2) and are believed to slowly penetrate membranes (3). Much of the data on the effects of chloromercuribenzenes compound on acid secretion come from *in vitro* studies (1, 4-6) and the effects on permeability come from *in vivo* studies (7, 8). One interpretation of these data is that the ability of the chloromercuribenzenes compounds to



**addition of pCHBS** In contrast to just washing out pCHBS addition of cysteine 4 mM reverses the inhibition of acid secretion caused by pCHBS Table 1 The acid secretory values after addition of cysteine are not significantly different ( $p > 0.1$ ) from those observed prior to exposure to pCHBS Cysteine alone added to the luminal side of fundic mucosa has no significant effect on the spontaneous rate of acid secretion ( $p > 0.1$ ) Table 1 Alanine 4 mM which is similar to cysteine except that it does not contain a thiol group does not significantly ( $p > 0.4$ ) alter the rate of acid secretion by tissues treated with pCHBS Table 1

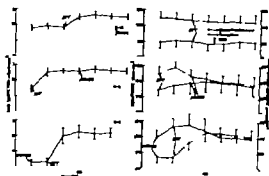
Histamine 0.09 mM theophylline 10 mM and  $N^6, O^2$ -dibutyryl adenosine 3:5 monophosphate (DB-AMP) 1 mM added to the serosal side of isolated fundic mucosa of the rabbit have been previously shown to stimulate acid secretion (10,11). However in the presence of pCHBS histamine ( $p > 0.2$ ) or theophylline ( $p > 0.2$ ) or DB-AMP ( $p > 0.2$ ) do not significantly stimulate acid secretion Table 1 In a separate group of experiments each of these stimulants of acid secretion was added to the tissues before the addition of pCHBS Subsequent addition of pCHBS inhibits histamine ( $p < 0.005$ ) theophylline ( $p < 0.001$ ) and DB-AMP ( $p < 0.001$ ) stimulated acid secretion Table 1 Subsequent addition of another 0.5 mM of pCHBS decreased acid secretion even further (to  $< 0.5 \mu\text{Eq/hr/cm}^2$ ) in some ( $N=7$ ) but not all of the tissues exposed to the above stimulants In 10 tissues initially treated with pCHBS this agent was washed out after acid secretion declined and the acid secretory rate was allowed to stabilize Subsequent addition of theophylline ( $N=5$ ) or histamine ( $N=4$ ) stimulated acid secretion by  $1.00 \pm 0.36 \mu\text{Eq/hr/cm}^2$  (combined result  $p < 0.05$ )

Dithiothreitol (DTT) 2 mM added to the mucosal side of fundic mucosa increase the rate of basal acid secretion by 41% ( $p < 0.001$ ) Figure 2A.  $\text{CO}_2$  measurements indicated that this increase in acid secretory rate was due to an increase in mineral (ie. HCl) rather than organic acid production Prior to the addition of DTT the difference between the rates of mucosal and serosal  $\text{CO}_2$  appearance was  $2.2 \pm 0.6 \mu\text{M/hr/cm}^2$  which then increased to  $3.3 \pm 0.6 \mu\text{M/hr/cm}^2$  after addition of DTT ( $N=8$ ) This 50% increase in difference between  $\text{CO}_2$  appearance rates was statistically significant ( $p < 0.025$ ) In contrast to DTT threitol 2 mM alone added to the mucosal side of 5 tissues had no significant effect ( $p > 0.4$ ) on the rate of acid secretion

When tissues are pretreated with DTT which increase the rate of acid

secretion pCMBS does not inhibit the acid secretory rate. Figure 2B. Furthermore, when tissues are pre-treated with pCMBS, which decreases the rate of acid secretion, subsequent addition of DTT increases the acid secretory rate. Figure 2C. DTT alone does not significantly alter the short-circuit current or tissue electrical resistance. Figure 2D. However, pCMBS alone decreases the short-circuit current and increases the tissue electrical resistance. The mean increase in short-circuit current and tissue electrical resistance after addition of DTT shown in Figure 2E are not statistically significant, and the subsequent addition of pCMBS does not significantly alter the current/resistance. Figure 2F. When fundic mucosa is initially exposed to pCMBS and then DTT, the latter significantly increases the short-circuit current ( $p < 0.001$ ) and decreases the tissue electrical resistance ( $p < 0.05$ ), indicating a reversal of the effects of pCMBS. Figure 2F.

Fig. 2 Effects of mucosal addition of DTT (2.0 mM) and pCMBS (0.5 mM) on acid secretory rate (A-C) short circuit current and tissue electrical resistance (D-F). See text.



In the absence of pCMBS, the rates of luminal acid loss by fundus and antrum, as well as their short-circuit currents and electrical resistances, do not change significantly over a 70 minute interval once steady-state conditions are achieved. However, in the presence of pCMBS, the rate of luminal acid loss by fundic mucosa increases significantly ( $p < 0.001$ ). Figure 3. This change is associated with an 18% increase in tissue electrical resistance ( $p < 0.001$ ) and a similar decrease in short-circuit current as observed at higher luminal pH. In contrast to its effect on fundic mucosa, pCMBS decreases ( $p < 0.001$ ) rather than increases the rate of luminal acid loss by antral mucosa. Figure 3. pCMBS also increases the tissue electrical resistance of antral mucosa by 32% ( $p < 0.001$ ) (Figure 3) and decreases the short-circuit current by 56% (from  $54 \pm 3.0$  to  $24 \pm 2.8$ ).

Binding of gastric mucosal thiol groups in vivo has been implicated as being associated with an increase in mucosal permeability. Canine studies have shown an increase in luminal acid loss and luminal  $\text{Na}^+$  gain after treatment with pCMBS. However, the luminal appearance of methylene blue injected intravenously (8) and increased plasma shedding (7) have not been found to accompany the reported increase in membrane permeability caused by pCMBS. The present results indicate that pCMBS does not increase the permeability of either fundic or antral mucosa under isolated conditions. Even though pCMBS increases luminal acid loss by fundic mucosa, this was not associated with a decrease in tissue electrical resistance or an increase in the unidirectional flux of another cation  $\text{Na}^+$  or anion,  $\text{Cl}^-$ . These data, in addition to the observation that pCMBS decreased luminal acid loss by antral mucosa, suggest that the apparent increase in acid permeability by fundus was due to inhibition of acid secretion. Another agent used in the present study, DTT, also has been reported to increase canine mucosal permeability to acid,  $\text{Na}^+$  and plasma (7, 9). The observations that DTT alone does not significantly affect luminal acid loss by antral mucosa or significantly alter the electrical resistance of either antral or fundic mucosa imply that DTT does not increase the permeability of isolated gastric mucosa. Cysteine, which is similar to DTT, also does not increase gastric mucosal permeability. The effects of pCMBS, DTT and cysteine in the present study are compatible with the concept that neither reduction nor oxidation of thiol groups normally accessible to these agents under isolated conditions result in an increase in mucosal permeability.

The differing effects of pCMBS on gastric mucosal permeability in vitro and in vivo cannot be readily explained. An alternative to the usual explanation of specific in vitro-in vivo difference is that the apparent increase in mucosal permeability reported to occur in vivo (7, 8) may have been due to inhibition of active ion transport. Inhibition of acid secretion could cause an apparent increase in luminal loss of acid and inhibition of active  $\text{Na}^+$  absorption (which occurs in dogs but not rabbits) could result in an apparent increase in luminal appearance of  $\text{Na}^+$ . Such changes might give rise to what has been interpreted as pCMBS causing mild damage to the mucosa in vivo. It is also possible that systemic absorption of pCMBS (19) might indirectly affect the mucosa in vivo by releasing humoral agents from other sites (20). Another indirect mechanism which can

affect permeability is related to blood flow. For example, morphologic data suggest that the increase in permeability in vivo caused by DTT is the result of tasis and distention of mucosal capillaries (21) which is consistent with the present data suggesting that DTT does not increase gastric mucosal permeability in vitro.

TABLE 1 Effects of pCHBS on Rates of Acid Secretion ( $\mu\text{Eq/hr/cm}^2$ )

N	basal	pCHBS	pCHBS reversed
10	1.97 $\pm$ 0.31	0.17 $\pm$ 0.12	0.43 $\pm$ 0.20
	basal	pCHBS	cyst. inc.
10	1.96 $\pm$ 0.33	0.41 $\pm$ 0.25	1.58 $\pm$ 0.43
	basal	cyst. inc.	
10	2.12 $\pm$ 0.26	2.20 $\pm$ 0.24	-
	basal	pCHBS	alanine
5	1.86 $\pm$ 0.30	0.20 $\pm$ 0.18	0.21 $\pm$ 0.20
	pCHBS	histamine	
10	0.36 $\pm$ 0.10	0.43 $\pm$ 0.15	-
	pCHBS	theophyllin	
5	0.30 $\pm$ 0.08	0.52 $\pm$ 0.13	-
	pCHBS	DB-AMP	
5	0.40 $\pm$ 0.13	0.60 $\pm$ 0.21	-
	histamine	pCHBS	
5	3.35 $\pm$ 0.50	0.71 $\pm$ 0.30	-
	theophylline	pCHBS	
5	4.33 $\pm$ 0.55	1.25 $\pm$ 0.35	-
	DB-AMP	pCHBS	
5	3.87 $\pm$ 0.47	0.99 $\pm$ 0.30	-

Values are given as mean  $\pm$  1 SEM. pCHBS 0.5 mM, cysteine 4 mM, and alanine 4 mM were added to the mucosal side. Histamine 0.09 mM as base, theophylline 10 mM and DB-AMP 1 mM were added to the serosal side.

TABLE 2 Effects of pCHBS on Unidirectional Mucosal to-Serosal Fluxes ( $J_{\text{ms}}$ ) of  $\text{Na}^+$  and  $\text{Cl}^-$

N	Agent Added	FUNDUS		ANTRUM	
		$J_{\text{Na}}$ ms	$J_{\text{Cl}}$ ms	$J_{\text{Na}}$ ms	$J_{\text{Cl}}$ ms
10	-	2.8	4.1	2.5	3.8
		3.1	4.3	2.7	3.7
$\Delta$		0.3 $\pm$ 0.3	0.2 $\pm$ 0.3	0.2 $\pm$ 0.1	-0.1 $\pm$ 0.1
10	-	3.0	4.0	2.4	3.4
	pCHBS	2.7	3.6	2.1	3.2
$\Delta$		-0.3 $\pm$ 0.2	-0.4 $\pm$ 0.4	-0.3 $\pm$ 0.2	-0.2 $\pm$ 0.1

$J_{\text{ms}}$   $\times \mu\text{Eq/hr/cm}^2$   $\Delta$  = mean  $\pm$  1 SEM difference between the two measurements

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## Mechanisms of Action of Aspirin on the Gastric Mucosa of the Guinea Pig

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**ABSTRACT:** Autoradiography was used to determine distribution of  $^{14}\text{C}$ -aspirin in sections from the stomach wall of the guinea pig. Immediately after intragastric instillation of 20 mM ( $3.6 \text{ mg ml}^{-1}$ ) for 10 min at pH 2.0 grain density in the upper region of the glandular mucosa was 15-fold greater than in the submucosa and the salicylate concentration in the stomach wall was  $1.26 \text{ mg g}^{-1}$ . Within 30 min mucosal grain density had fallen to the level in the submucosa and gastric salicylate concentration was similar to that in the blood ( $0.03 \text{ mg g}^{-1}$ ). There was a higher grain density in the mucosa compared with the submucosa after instillation of 40 mM aspirin for 10 min at pH 7.4. However gastric salicylate was less than at pH 2.0 ( $0.94 \text{ mg g}^{-1}$ ) and the drug was found to accumulate in the extracellular compartment of the mucosa. It is likely that the high intracellular salicylate concentration attained following oral administration of aspirin in the nonionized form is responsible for initiating gastric mucosal damage. Secondary factors including inhibition of gastric alkaline secretion and an increase in the rate of mucosal cell loss seem to be involved in the full development of lesions.

It is well known that aspirin damages the gastric mucosa following oral administration in the nonionized form (1,2). However the underlying mechanism responsible for an increase in mucosal permeability and formation of haemorrhagic erosions is unknown. A widely discussed theoretical model proposes that gastric toxicity is due primarily to accumulation of drug anions in the surface mucosal cell. Intracellular accumulation of weak acids in plant and animal tissues was originally postulated by Overton (3) and later with specific reference to aspirin-induced gastric damage by Martin (4). In the normally acidic gastric lumen aspirin is predominantly nonionized and therefore rapidly absorbed but on entering the neutral environment of the mucosal cells the drug becomes ionized and is trapped. It is possible that dissociation of the acid may disturb the internal osmotic stability and buffer system of the

cell while the high concentration of anions may interfere with intra cellular metabolism.

A number of indirect observations which support this hypothesis have been reported (5 6 7) In the present study distribution and concentration of radiolabelled aspirin in the stomach wall of the guinea pig were investigated directly using an autoradiographic technique Labelled material was immobilized by freezing and the sections exposed in contact with stripping film at  $-30^{\circ}\text{C}$  in order to prevent translocation of the drug Since pH has a marked influence on the degree of damage (8 9) aspirin was administered in both the nonionized and ionized forms

#### Methods

Experiments were performed on male albino guinea pigs (470-530g) which were starved for 24 h before use but allowed free access to drinking water Surgical procedures and the method for filling and emptying the stomach have been described previously (10) Carbon-14 carboxyl labelled aspirin ( $^{14}\text{C}$  aspirin) with a specific activity of  $0.25\ \mu\text{Ci mg}^{-1}$  was administered in a dose volume of 10 ml and removed from the stomach after 10 min The drug was administered in concentrations of 20 mM at pH 2.0 (isotonic NaCl containing 10 mM HCl) and 40 mM at pH 7.4 (isotonic phosphate buffer) At other times the stomach was filled with 10 ml of isotonic NaCl Body temperature was maintained at  $35^{\circ}\text{C}$

Animals were sacrificed immediately after removal of the drug (time 0) and 10 30 and 60 min later The stomach was removed as rapidly as possible and placed in a freezing mixture of cyclohexane cooled with solid carbon dioxide Tissue blocks were prepared from the body region and stored at  $-30^{\circ}\text{C}$  At the time of sacrifice a blood sample ( $\sim 5\text{ml}$ ) was obtained by cardiac puncture and stored in a heparinized tube

The technique of preparing autoradiographs was adapted from that developed for autoradiography of soluble labelled compounds (11) Under red safe light illumination microscope slides were covered with pieces of stripping film (Kodak AR10) with the emulsion upwards Transverse sections ( $6-8\ \mu\text{m}$ ) were cut in the darkroom at  $-30^{\circ}\text{C}$  with a Pearse cryostat and placed in contact with the film The slides were placed in light tight boxes and stored for 7 days at  $-30^{\circ}\text{C}$  At the end of the exposure period slides were allowed to reach room temperature then dipped in 1% w/v gelatin to prevent movement of the sections during subsequent treatment and dried in a current of warm air Tissues were

fixed in absolute methanol for 15 min then washed in several changes of distilled water. Autoradiographs were developed for 4 min at 21°C (Kodak D19b) rinsed in distilled water for 5 min fixed for 5 min at 21°C (Kodak F-5) then washed in running tap water for 10 min. The sections were stained in azure and eosin for 1 1/2 hr dehydrated in isopropyl alcohol (50% up to absolute) and cleared in xylene.

Autoradiographs were examined by light microscopy (x500) and the grain density determined with an eye piece graticule (400  $\mu\text{m}^2$ ). Grains were counted over the mucosal and submucosal regions in each section and subtracted from the background count. At higher magnification (x1250) the mucosal region was systematically scanned and the percentage of grains occurring over cells or extracellular space recorded. A locating graticule was used to prevent error during refocusing since the grains and section were not in the same focal plane at this magnification. The percentage volume fraction of these two compartments was determined stereoscopically.

Absorption of aspirin was determined from the decrease in concentration of the administered solution following intragastric instillation for 10 min. Drug concentrations were determined as total salicylate by liquid scintillation counting (Packard 3003 TriCarb) and corrected for quenching with an external barium standard. Total salicylate concentrations in the stomach wall and the blood were determined by tissue combustion (Packard 306 TriCarb sample oxidiser) and the efficiency of counting calculated by the internal quench method. In the case of the stomach wall approximately 20 sections (10-20 mg) were cut from each tissue block, placed in a preweighed paper planchette and the accurate weight of the tissue recorded. A blank was included in each batch of samples to obtain the background count.

The influence of oral administration of aspirin on the rate of exfoliation of gastric mucosal cells in the guinea pig was determined by measurement of the DNA concentration in gastric washings (10). Total acid and alkaline gastric secretions were determined by measurement of intragastric pH and  $\text{pCO}_2$  (12) and the effect of aspirin studied following intravenous administration.

### Results

Immediately following removal of a solution of 20 mM aspirin at pH 2.0 from the stomach labelled material was present throughout the upper



(luminal) region of the glandular mucosa. Within the mucosa there was a sharp demarcation indicating the depth to which the drug had permeated although grains were fairly evenly distributed within this zone (Fig 1). A marked reduction in mucosal grain density was observed in stomachs fixed 10 min later but a high concentration of grains was still present over the superficial region of the mucosa adjacent to the luminal surface (Fig 2).



Fig 1

Fig 1 Autoradiograph of the gastric mucosa from the body region of the stomach. The tissue was fixed immediately after (time 0) intra-gastric instillation of 20 mM  $^{14}\text{C}$  aspirin for 10 min at pH 2.0. The lumen is at the top of the photograph.



Fig 2

Fig 2 Autoradiograph of the stomach wall from the body region of the stomach. The tissue was fixed 10 min after exposure of the mucosa to  $^{14}\text{C}$  aspirin at pH 2.0.

Grain density in the mucosal region adjacent to the luminal surface and in the submucosa at various times after instillation of 20 mM  $^{14}\text{C}$ -aspirin for 10 min at pH 2.0 is shown in Fig 3. Immediately after removal of the drug mucosal grain density was 15 times greater than in the submucosal region. There was a subsequent fall in mucosal grain density which reached a value similar to that in the submucosa after 30 min. Aspirin concentrations in the stomach wall and the blood were

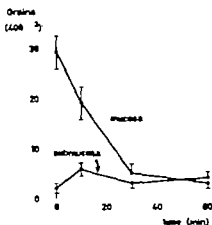


Fig 3

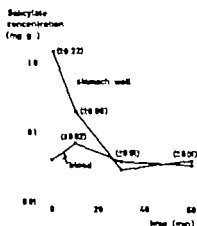


Fig 4

Fig 3 Grain density in the mucosa and submucosa following intragastric instillation of 20 mM  $^{14}\text{C}$  aspirin for 10 min at pH 2.0. Means  $\pm$  SE are shown,  $n = 8$ .

Fig 4 Total salicylate concentrations in the stomach wall and the blood following intragastric instillation of 20 mM  $^{14}\text{C}$  aspirin for 10 min at pH 2.0. Means  $\pm$  SE are shown,  $n = 8$ .

determined as total salicylate and are shown in Fig 4. The salicylate concentration in the stomach wall ( $1.28 \text{ mg g}^{-1}$ ) was approximately 40-times greater than that in the blood immediately after administration. Most of the drug was, however, confined to the upper region of the mucosa (see Fig 1) and thus the concentration in the actual mucosa is likely to be considerably greater than the value measured.

There was also a high grain density over the mucosal region of the stomach after instillation of 40 mM  $^{14}\text{C}$ -aspirin for 10 min at pH 7.4 (Fig 5). In stomachs fixed 10 min later autoradiographs revealed a fairly even distribution of grains throughout the glandular mucosa as opposed to the high grain density which remained over the surface mucosal cells after administration of aspirin in the non-ionized form (see Fig 2).

The aspirin treatments used (20 mM at pH 2.0 and 40 mM at pH 7.4) both damaged the stomach as evidenced by an increase in the rate of mucosal cell loss determined from the DNA concentration in the gastric washings (Fig 6). However, damage was considerably less when the drug was



Fig 5 Autoradiograph of the gastric mucosa from the body region of the stomach. The tissue was fixed immediately after (time 0) intragastric instillation of 40 mM  $^{14}\text{C}$ -aspirin for 10 min at pH 7.4. The lumen is at the top of the photograph.

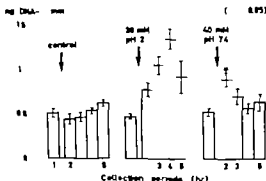


Fig 6 Rates of accumulation of DNA (mean  $\pm$  SE) in guinea pig gastric washings before (1st h) and after (2nd-5th h) intragastric instillation of aspirin. The dose volume was 10 ml and the drug solution was present in the stomach for 10 min. Asterisks denote rates of DNA accumulation significantly greater ( $p < 0.05$ ) than those before aspirin administration. At pH 2.0  $n=10$ ; at pH 7.4  $n=8$ .

administered in the ionized form. Some of the factors which may contribute to this reduction are shown in Table 1. Gastric absorption and the salicylate concentration in the stomach wall confirmed by grain density measurement were lower when aspirin was administered in the ionized form at pH 7.4. In addition, the drug was found to accumulate in the extracellular compartment of the mucosa. A ratio (extracellular grains/extracellular volume) of unity is indicative of an equal drug distribution between the cellular and extracellular compartments. This was approximately the case when aspirin was administered at pH 2.0 (ratio = 1.09) but when the drug was given in the ionized form at pH 7.4 the ratio was 1.45.

The appearance of aspirin-induced gastric erosions in the guinea pig 3-4 h after dosing (13) contrasts markedly with the presence of a high salicylate concentration in the mucosal cell. A possible explanation

TABLE 1 Absorption concentration and mucosal distribution of salicylate in the guinea pig stomach following intragastric aspirin. The drug was administered at a concentration of 20 mM at pH 2.0 and 40 mM at pH 7.4. Mean values  $\pm$  SE are given  $n = 6$  for both groups.

pH	Absorption (%)	Concentration ( $\text{mg g}^{-1}$ )	Grains ( $400 \mu^2$ )	Extracell grains (%)	Extracell volume (%)
2.0	$31.1 \pm 0.8$	$1.28 \pm 0.22$	$29 \pm 4$	$12 \pm 2$	$11.0 \pm 1.4$
7.4	$18.1 \pm 0.8$	$0.94 \pm 0.35$	$21 \pm 6$	$17 \pm 3$	$11.7 \pm 2.1$

for this difference in time scales is the involvement of secondary factors in the full development of lesions. Gastric alkaline secretion may be important since this aspect of mucosal protection is particularly sensitive to inhibition by aspirin. Basal output of  $\text{HCO}_3^-$  was reduced following intravenous administration of  $5 \text{ mg kg}^{-1}$  aspirin (Fig. 7); the dose of aspirin used in most other phases of this study ( $20 \text{ mM}$ ) is equivalent to  $180 \text{ mg kg}^{-1}$ . At a higher dose of  $100 \text{ mg kg}^{-1}$  aspirin caused a loss of  $\text{H}^+$  ions and a gain in luminal  $\text{HCO}_3^-$  and  $\text{Na}^+$  ions (Fig. 8), characteristic of an increase in mucosal permeability. In these net

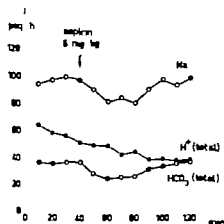


Fig. 7

Fig. 7 Effect of intravenous injection of  $5 \text{ mg kg}^{-1}$  aspirin on gastric outputs of  $\text{H}^+$ ,  $\text{HCO}_3^-$ , and  $\text{Na}^+$  ions in the guinea pig. At this dose level the drug produced a decrease in alkaline secretion.

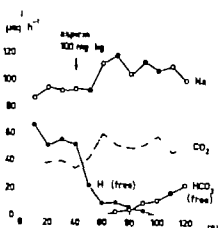


Fig. 8

Fig. 8 Effect of intravenous injection of  $100 \text{ mg kg}^{-1}$  aspirin on gastric output of  $\text{H}^+$ ,  $\text{HCO}_3^-$ , and  $\text{Na}^+$  ions in the guinea pig. At the higher dose level, the drug caused a loss of luminal  $\text{H}^+$  and a gain of  $\text{HCO}_3^-$  and  $\text{Na}^+$  ions.

acid secreting preparations all  $\text{HCO}_3$  was converted to  $\text{CO}_2$  and there was a decrease in gastric  $\text{CO}_2$  formation after  $5 \text{ mg kg}^{-1}$  aspirin whereas in the presence of an increase in mucosal permeability there was a rise in  $\text{CO}_2$  output

### Discussion

Salicylate distribution in the gastric mucosa has been the subject of considerable discussion in relation to the mechanism of aspirin-induced damage but has not been investigated experimentally. Morris and co-workers (14, 15) have related gastric salicylate concentration to mucosal damage in the rat after oral administration of  $^{14}\text{C}$  aspirin. The same group also studied absorption and distribution of the drug by placing X ray plates in contact with the mucosal and serosal surfaces of the stomach. This approach however provides only limited information on mucosal distribution which requires study in the opposite (transverse) plane of the stomach wall.

At pH 2.0 direct examination of the autoradiographs revealed that the drug accumulated in the outer mucosal region. At this time the concentration in the stomach wall was about 40-times greater than in the blood. A high level of salicylate remained in the surface layer of epithelial cells 10 min after removal of aspirin from the lumen but within 30 min the drug was evenly distributed throughout the stomach wall and the concentration was similar to that in the blood.

An obvious discrepancy between the observed data and the formation of gastric lesions concerns the even distribution of the drug over the whole of the upper mucosal region whereas erosions are characteristically focal. In addition the presence of a high mucosal salicylate concentration and the appearance of gastric erosions represent vastly different time scales. For this reason it is possible that the dwell time of salicylate in a particular cell is important in determining the site of damage. After oral administration of aspirin in the nonionized form the drug was present in the surface mucosal cells for the longest time period which corresponds to the region of damage e.g. the site of increased permeability to tissue electrolytes and macromolecules (1, 16) and the site of gastric cell loss (7, 10). The difference in time course between salicylate accumulation and lesion formation may be due to the involvement of secondary factors including inhibition of gastric alkaline secretion which normally protects the mucosa from damage (17).

and back-diffusion of  $H^+$  ions (1). Gastric  $HCO_3^-$  secretion was reduced by low concentrations of aspirin administered from the blood side and therefore in the ionized form indicating that this aspect of mucosal protection is particularly sensitive to the drug. In the isolated gastric mucosa inhibition of alkalization has been demonstrated as a common property among a variety of ulcerogenic agents such as acetazolamide (17), aspirin (18), fenclofenac, parathyroid hormone and noradrenaline (Flamstrom personal communication). Conversely the possibility that specific stimulants of alkalization may protect the mucosa has implications in the development of a new approach in the treatment of gastric ulceration.

Although there was a high grain density in the outer mucosal region following oral administration of aspirin at pH 7.4, gastric absorption and mucosal concentration were less than at pH 2.0. In addition the drug was found to accumulate in the extracellular compartment i.e. entry of salicylate into the mucosal cells was inhibited which may further contribute to the reduction in damage. It is possible that absorption of ionized aspirin from the stomach is facilitated by a low pH at the absorptive surface as a result of acid secretion. However under such circumstances a similar distribution pattern would occur irrespective of pH. The fact that different distribution patterns were found at the two pH values could be interpreted in terms of an extracellular route of absorption of the charged form of a weak acid as suggested previously (5).

It seems likely that the high mucosal concentration of salicylate attained after oral administration of aspirin in the nonionized form is responsible for initiating gastric damage. The fact that many of the mucosal cells are apparently resistant may be related to the dwell time of the drug in particular cells. It is also possible that many cells sustain moderate damage which is reversible on disappearance of salicylate from the mucosa. The high rate of turnover of the gastric epithelium may also be significant in providing some degree of protection.

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## The Transient Nature of Equivalent Circuits, in the Sea, on the Land On the Meaning of Epithelial Conductance

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For this symposium honoring Professor Torsten Teorell it is fitting that attention be drawn to his pioneer study of the impedance characteristics of the isolated gastric mucosa (1). Of equal value for one considering the transient behavior of trans-epithelial potential differences is his critical analysis of artificial membranes (2). His work led to an admonition (3) that needs to be restated some thirty years later:

The exact significance of the parameters in the GILDEMEISTER LULLIES-COLE method of characterizing cell or tissue impedance is far from clear. Hence great caution is necessary in all attempts to interpret these impedance quantities in terms of cell or tissue permeability.

A few years later Professor Teorell's work was a colloquium topic at the National Heart Institute. Dr K.S. Cole suggested that the electrical transient of the gastric mucosa be compared with that of an artificial membrane developed by Dr Karl Sollner (4). Exchange-diffusion of chloride through the gastric mucosa had been identified in the laboratory of Professor Hans H. Ussing as a discrepancy between a unidirectional flux of chloride and the mucosal steady state conductance (5). The oscillographic images of the transients developed by the bullfrog gastric mucosa and by a Sollner-membrane were for practical purposes superimposable. Thus it is not surprising that the memory is vivid today as the picture of 25 years ago. The association of Dr Gottlieb with the laboratories culminated in a study of flux and conductance in artificial membranes (6). The latter observations have been replicated and perhaps a level of sophistication that may have prevailed in 1974 is reflected by a quotation (with emphasis added):



the electrical resistance was calculated from Ohm's law transiently setting  $\Delta V$  at  $\pm 10$  mV and recording steady state values of the electrical current (7)

In recent years the parameter conductance has become more than an exchange diffusion esoterica. For many concerned with agents injurious to the stomach as reflected by several contributions to this Symposium mucosal conductance may well be the dominant parameter of interest.

Convergence of two circumstances an ongoing comparative study of the electrophysiology of the gastric mucosa and the acquisition of a 230 gram programmable calculator has prompted reevaluation of epithelial conductance.

Consider a mucosa positioned for electrophysiological study between a pair of proximate voltage (PD) sensing electrodes and a pair of more distant current-delivering electrodes. Upon sending a constant current  $\Delta I$  through the mucosa the transmural potential difference abruptly or 'instantaneously' goes to a new value. After an interval of milliseconds, seconds or even minutes the potential difference reaches a new steady state. This progression or the voltage transient has been found experimentally to fit the equation

$$\pm PD/\Delta I = a_0 + a_1(1 - e^{-k_1 t}) + a_2(1 - e^{-k_2 t}) + a_n(1 - e^{-k_n t}) \quad (1)$$

where  $t$  time and the sign is determined by the polarity of  $\Delta I$ . The same constants appear in the counterpart equation for the time-dependent change of current when the PD is displaced by a voltage-clamp operated in the 'OFF' mode. Plotted semi logarithmically the transient can be resolved into several straight lines each with an intercept  $a$  having dimensions of  $\Omega \cdot \text{cm}^2$  and a slope that is a rate constant  $k$  the reciprocal of which will be given here as a half time  $t_{1/2}$ . Perhaps the most remarkable feature of a transient is that it appears to resolve into very few two to four exponential terms. As equation (1) stipulates the values for  $a$  and  $k$  are within reason (e.g. a displacement of the spontaneous potential by less than 75 to 100 mV) independent of the polarity or magnitude of the current pulse.

We shall refer to the ideal linear symmetrical transient of an epithelium as the *parae-exponential transient* (Some epithelia display an overshoot or an inductance component (2) which will not be considered in the present context. The transient of the isolated rat gastric mucosa peaks at about 1 minute reaching a level about 10% greater than the steady-state value (unpublished observation))

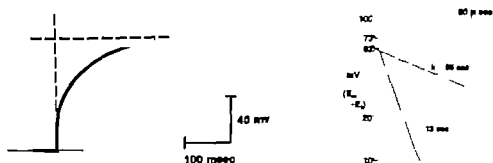


Figure 1 The *parae-exponential* transient developed by the gastric mucosa of *Squalus acanthias*

Both surfaces of an isolated gastric mucosa were exposed to normal elasmobranch saline (11). A current pulse of 233  $\mu\text{amp/cm}$  displaced the PD to 100 mV mucosal face negative. The broken horizontal line conveys a superimposed trace photographed six minutes later (#4 8/5/74)

At the right the curve has been fitted by least squares to two exponential terms and plotted semi logarithmically

Parameters of the transients elicited from gastric mucosae of the leopard frog (8) the spiny dogfish Figure 1 and the rabbit fetus (9) are given in Table 1. For each species both surfaces were bathed by a physiological saline that is appropriate to its vertebrate class. For two mucosae that are both functionally and structurally different those of dogfish and the rabbit fetus the transient parameters are qualitatively not very different. On the other hand the mucosae of the frog and dogfish which are functionally distinct (10a b) but structurally indistinguishable by light microscopy have transients that are qualitatively dissimilar. Though much is uncertain it is likely that transients arise at permeable ionic paths or boundaries. Nevertheless substitution of choline for sodium in the solution bathing the mucosal surface of the dogfish and rabbit fetal mucosae did not materially perturb their respective transients.

TABLE 1 EXAMPLES OF TRANSIENTS DISPLAYED BY GASTRIC MUCOSAE

COMPONENT	Normal saline at both mucosal and serosal surfaces				Mucosal Serosal		choline normal saline.	
	$t_{1/2}$ msec	Intercept $\mu \text{ cm}^2$	$t_{1/2}$ msec	Intercept $\mu \text{ cm}^2$	$t_{1/2}$ msec	Intercept $\mu \text{ cm}^2$	$t_{1/2}$ msec	Intercept $\mu \text{ cm}^2$
<i>Rana pipiens</i> (8)								
Fastest	1.7	91	3	14				
Fast	12	35	6					
Slow			3	67	12			
Slowest			22	166	20			
Non reactive		22	4					
<i>Squalus acanthias</i>								
Fastest	6	40	4			7	2	1
Fast	33	109	12			26	4	
Non reactive		53	9					

Rabbit f n (9)

## ERRATUM

page 114 3rd column  $t_{1/2}$  msec  
should read  $t_{1/2}$  sec

A study by Dr M.G. Klenzle and myself on the transient of the dogfish gastric mucosa has been summarized in Table 2. A standard or control physiological elasmobranch saline used for 21 seasons has the following composition

	mEq/l	
Na <sup>+</sup>	252	Cl
K <sup>+</sup>	10	HCO <sub>3</sub>
Ca <sup>2+</sup>	10	SO <sub>4</sub> <sup>2-</sup>
Mg <sup>2+</sup>	4	PO <sub>4</sub> <sup>3-</sup>

with 28 mM of glucose and gassed by 5% CO<sub>2</sub> 95% O<sub>2</sub> (11). Two test solutions were prepared with 220 mEq/l of Na<sup>+</sup> 87% replaced by either 220 mEq/l of choline or THAM(tris[hydroxymethyl]aminomethane). For an additional two solutions 220 mEq/l of Cl<sup>-</sup> 92% were replaced by either isethionate or glucuronate. Within the scope of this study the choice of the substituent ion to replace either Na<sup>+</sup> or Cl<sup>-</sup> did not determine the outcome. Consequently the respective results have been pooled. Reported values for the percent change in the parameters are based on paired differences between the test and control saline solutions.

To establish a new ionic environment the bathing solutions were changed twice three minutes apart with the exchange being 99% complete. Mucosae from 6 fish provided records of 40 transients recorded 16 ± 4 (SD) minutes after the first change of solutions and an additional 20 records were obtained 7 ± 3 minutes later. There is no assurance that the lapse of time about twenty three minutes would be sufficient for intracellular ion concentrations to reach an approximate new steady state. The interval between the change of solution and recording a transient had to be a compromise between attaining a steady state within the tissue and the recognized changes that occur even in the absence of ion substitution. An apparent 'half time' for the complete signal system, pulse generator current delivering electrodes bridges etc. with no mucosa present in the flux chamber was less than 50 μsec (electrical fields in Halsey #1 precluded closer scrutiny).

For the results given in Table 2 we used a relatively large current pulse of 250 μamp cm<sup>2</sup>. However the response was linear even after ionic substitution over the range of 23-780 μamp cm<sup>2</sup>. By superimposing traces obtained at intervals up to 10 minutes later it was evident that

TABLE 2 IMPACT OF REPLACING SODIUM OR CHLORIDE ON THE TRANSIENT OF THE DOGFISH GASTRIC MUCOSA.  
Per cent deviation from values when normal saline was at both surfaces

Bathing Solutions		Fastest Component		Fast Component		Total (DC) Resistance
Serosal surface	Mucosal surface	$t_{1/2}$	Intercept	$t_{1/2}$	Intercept	
Na replaced	Normal	15	10	2	9	22
Na replaced	Na replaced	1	+50	15	.3	Too few
Normal	Na replaced	15	31	2	+20	Too few
Cl replaced	Normal	15	+9	11	+37 (+29)	48 (+45)
Cl replaced	Cl replaced	19	18	38 (25)	25	69 (28)
Normal	Cl replaced	1	36 (+25)	+9 (+7)	0	16 (+13)

Eighty seven per cent of the  $\text{Na}^+$  replaced by choline or  $\text{THAM}^+$  and ninety two per cent of the chloride replaced by isethionate or glucuronate

Per cent deviations were within the 95% confidence limits except where a limit is given in parenthesis

there were no demonstrable components in this species whose  $t_{1/2}$  exceeded those given

Clearly the transient parameters are not very dependent upon the ionic milieu. While the total DC resistance increased significantly after anionic substitution a relatively trivial observation only two of the half times were modified significantly and for one of these Cl<sup>-</sup> replacement at the mucosal surface the mean difference barely exceeded the 95% confidence limit.

An equivalent circuit for a component of a transient can be built from a subcircuit of a resistance and capacitance in parallel. For each such pair the time constant is given by the product of the resistance (R) and the capacitance (C) so that

$$t_{1/2} = 0.69 RC \quad (2)$$

It is conventional wisdom that those components having a half time in the millisecond range arise from 'true' or dielectric capacitances attributable to plasma membranes. Thus for the fast transients developed by the dogfish we might not expect C in equation (2) to be especially susceptible to ionic substitution. But if the initial assertion were accepted it would be somewhat surprising if R did not increase and thus lengthen one or both half times.

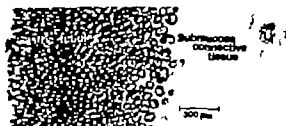


Figure 2 The physiological gastric mucosa of *S. scorpius*

A gastric mucosa was stretched but only lightly so, as we can tentatively mount it in a flux chamber. At the conclusion of an experiment the mucosa was fixed in 10% formalin. The thickness noted here, 2 mm, is within the span indicated by a wet weight of  $220 \pm 53$  (SD) mg/sq cm (106) obtained earlier (#38, Courtesy of Dr. L.B. Langley).

With no attempt at sophistication the structures of a gastric mucosa Figure 2 lead one to expect that the following would generate significant components of a transient

- 1) An unstirred layer at the mucosal face
- 2) The apical plasma membranes of at least 2 dominant cell populations (Even non-mammalian mucosae have a potentially significant third cell type the mucous-neck cell (12) in addition to the oxyntic and surface epithelial cells)
- 3) Cellular-polarization of at least 2 populations
- 4) Basolateral plasma membranes of the same cells
- 5) Electrolyte compartments formed by para-cellular shunts

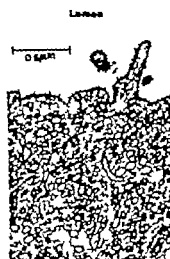


Figure 3(a) Apex of an oxyntic cell

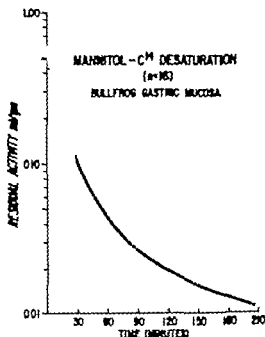


Figure 3(b) Submucosal escape of mannitol

(a) Accentuation of the apical microtubular system in the oxyntic cell of *Squalus acanthias*. The tubular system was accentuated by inhibiting acid secretion with 25 mM SCN (1209b 1964 Courtesy of Dr A W Sedar)

(b) The submucosal tissue of the gastric mucosa of *Rana catesbeiana* was exposed to labelled mannitol for 4 hours. The subsequent desorption of mannitol was arbitrarily fitted to a series 3-compartment model. The resultant percentage for extracellular spaces and the corresponding half times became 71% 8 minutes 25% 20 minutes and 6% 1.0 minutes (14)

6) The unstirred layer of the thick submucosal tissue

Thus from this abridged list if separable we could expect the transient to have 10 to 14 components or exponential terms. But this is only the tip of the iceberg. The mucosal unstirred layer extends into complex gastric tubules and even onto apical microtubules. Figure 3(a) (13). The submucosal layer is also complex. The washout or desorption of inert extracellular markers from this slab with fingers between tubules follows a multieponential course (14). Figure 3(b).

Transients have a dearth of exponential terms in spite of an expectation that the number of terms could well be infinite. This appears to have been dismissed by some although not by this author on the grounds that many if not most of the terms are insignificant and others are not separable. It is this distinctive feature that led to the choice of the qualifier for the pseudo-exponential transient.

Cellular polarization is the expected occurrence when an epithelial cell has opposite membranes of different ionic conductances. One could readily construct a model from sheets of 2 artificial membranes having different permselectivities and separated by a finite volume of electrolyte solution. The expected transient behavior is analyzed in Figure 4.

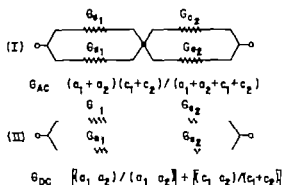


Figure 4 Cellular polarization (15-17)

Conductances are given for a cation  $c$  and an anion  $a$  at surfaces 1 and 2. The overall conductance following a constant current pulse is given for  $t=0$   $G_{AC}$  and in the steady state by  $G_{DC}$   $t=\infty$ . Inflammatory time-variant e.m.f. is entrained in this model have been deliberately omitted. Inclusion of an active transport e.m.f. is optional but would not contribute to clarity. Though not necessarily correct each partial conductance is treated as if it were independent of the electrochemical PD.



Since it is reasonable to expect most epithelial cells to have apical and basolateral membranes whose permeabilities differ and often strikingly so 'cellular polarization' should account for an important part of a transient and may be the probable origin of very long time constants. The cell is an electrolyte compartment displaying conservative properties. The transition of the transcellular PD from  $t=0$  to  $t=\infty$  due to a current pulse is a transition through an unsteady to a new steady state as the cell accumulates or loses energy. There are other electrolyte compartments such as the unstirred layers and paracellular shunts which should react in a comparable fashion. They may be less amenable to superficial commentary because their geometric configurations appear to be less simple. Collectively these comprise 'polarizable electrolyte-compartments'. Since the term is felicitous we shall designate these polarizable electrolyte-compartments the *ionic-capacitors*. Figure 5

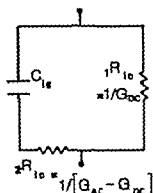


Figure 5 The equivalent circuit of an *ionic capacitor*

This is an equivalent circuit for the elements displayed in Figure 4. A complaint that neighborhood stores do not stock sufficiently large capacitors appropriate for most epithelia while justified should not deflect us from logical perception. When values for the partial conductances become known it will be reasonable to replace the capacitor by a time-variant c.m.f. The subscripts for  $G_{AC}$  &  $G_{DC}$  have been carried over from Figure 4. The subscript  $\omega$  will be used for components of an ionic-capacitor. The resistance subscripts 1 and 2 identify two resistors.

The impetus for developing the designation *ionic-capacitor* is to take a small step towards relating electrical phenomena to histological structure. For those who find equivalent circuits ethereal or even evanescent electrical subcircuits if properly identified are analogous to tracer compartments.

If we confine ourselves to 3-compartment arrays we can have the 3-compartments arrayed in series a catenary system of 2 pellucid pools with water from melting snow cascading from the higher to the lower separated from a fjord by a waterfall. A marker will follow a transient course and each exponential term will uniquely characterize the volume and decay rate of the corresponding pool. It is simple and easy to grasp but its relevance to the real world is dubious.

But the three compartments may be in a mamillary array (18) with two higher but separated pools emptying into a lower common pool. Historically this author became aware of the mathematical solution for the 3-compartment mamillary system (19) in the course of studying ionic flux. In this array the constants of an individual exponential term no longer uniquely characterize a compartment. In the simplest case the tracer exchange is described by a pauci-exponential equation with 3 terms and 2 decay constants. Now each apparent rate constant is a mathematical function of both of the two individual rate constants that characterize tracer kinetics between one of the small pool's compartment alone and the large pool.

It would be meritorious to periodically relate electrical and compartmental analogues. Traditionally biophysical equivalent circuits are two dimensional as are all the figures in this paper. It is more generally appreciated in tracer analysis that a real array may have three dimensions (20).

Though the complex systems we are considering epithelia are found experimentally to be linear this does not establish that the constituent parts are also linear.

The equivalent circuit for a two dimensional mamillary system is that of 2 RC subcircuits coupled in a parallel fashion. Figure 6.

Considered either as compartments or RC subcircuits parallel coupling is ubiquitous. It is only the most unusual circumstance that even permits considering a series or catenary array. We inhabit a three dimensional extended mamillary universe.

The mathematical solution for two RC subcircuits coupled in parallel is derived for the equivalent circuit of Figure 6.

Since the contribution of Rehm and Tarvin to this symposium is accessible to the reader their notation has been adopted. Their coupling

resistors  $R_3 + R_4$  have been replaced by two equal resistors whose sum is  $R_3$

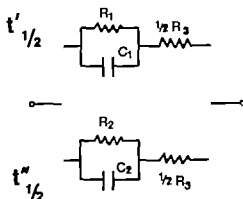


Figure 6 See text

After minor algebraic rearrangement of their equations (8) (11) deemed appropriate for a 50 step calculator we have

$$t_{1/2} = V/(\theta - I) \quad (3)$$

$$t_{1/2} = V/(\theta + I') \quad (4)$$

$$\text{where } V = 1/4(R_1 R_2 R_3 C_1 C_2) \quad (5)$$

$$\theta = R_1 C_1 (R_2 + R_3) + R_2 C_2 (R_1 + R_3) \quad (6)$$

$$I = ([R_1 C_1 (R_2 + R_3) - R_2 C_2 (R_1 + R_3)]^2 + 4 R_1^2 R_2^2 C_1 C_2)^{1/2} \quad (7)$$

To stimulate a gastric mucosa we have selected the following components

- a 3uFd di-electric capacitor shunted by a 1200Ω resistor for a plasma membrane
- an 80 mFd electrolytic capacitor shunted by 560Ω and arbitrarily labeled an 'oxyntic cell'
- a 1 mFd electrolytic capacitor shunted by 3300Ω and designated perhaps without warrant a 'surface cell'
- two coupling resistors 9.1 and 33Ω to unite two pairs of sub-circuits

The coupled and uncoupled half times were computed as given in Table 3. While the identities of the units giving rise to the half times are fictitious and the values given for the parameters are choices based on

TABLE 3 ILLUSTRATIVE INTERACTIONS BETWEEN CAPACITORS

					Coupled	
					$R_3$	$\alpha$
					$\mu\text{M}$	
					$t_{1/2}$	$C$
					sec	$\mu\text{F}$
<i>The First Interaction</i>						
Plasma Membrane	coupled	6	$7 \cdot 10^5$	1200	3	35
	uncoupled	2	$5 \cdot 10^3$	1200	3	—
Oxyntic Cell	coupled	21		560	$8 \cdot 10^4$	35
	uncoupled	31		560	$8 \cdot 10^4$	—
<i>The Second Interaction</i>						
Surface Cell	coupled	6	$2 \cdot 10^3$	3300	$1 \cdot 10^3$	9.1
	uncoupled	2	3	3300	$1 \cdot 10^3$	—
Oxyntic Cell	coupled	27		560	$8 \cdot 10^4$	9.1
	uncoupled	31		560	$8 \cdot 10^4$	—

The reader's indulgence is sought for the pedagogical privilege of arbitrarily specifying the cell types

convenience two qualitative conclusions emerge from parallel coupling which have been designated as the *first and second interactions*. As Rehm and Tarvin have derived in this symposium, a short half life may be shortened even further by coupling with a longer half life. The *interactions* predict that

A Parallel coupling between a dielectric capacitance and a ionic capacitor may drive the exponential term of the former into the microsecond range or even into the arena of 'noise' the *first interaction*.

B Coupling of two ionic capacitors in parallel may lead to the one having a shorter half life being expressed in the millisecond range and susceptible of being mistaken for a dielectric capacitance the *second interaction*.

With respect to the transient developed by the gastric mucosa of the dogfish

- 1 It is likely that both the relatively short half times of 6 & 33 milliseconds are generated by ionic capacitors. Components derived from plasma membranes either did not extend into the millisecond range or disappeared as a result of parallel coupling.
- 2 Though tenuous one might entertain the possibility that the absence of a very long half life signifies an oxyntic cell whose opposite membranes are substantially less asymmetric than encountered in other vertebrates since absence of one or more long half times e.g. 30 seconds is associated with other unique features of the elasmobranch gastric mucosa (10b 21).

#### ON THE MEANING OF EPITHELIAL CONDUCTANCE

Placing parallel RC subcircuits in a semiquantitative perspective leads to a reconsideration of transaural mucosal or epithelial conductance.

In spite of the intricate geometry of the gastric epithelium encountered in Figure 2 for those accustomed to dealing with ostensibly simpler epithelial structures such as the frog skin or toad bladder these and other epithelial structures will also succumb to the following analysis and the same conclusion will be reached until new experimental approaches emerge that develop a radically different thrust.

In an effort to clarify the problem equation (1) will be considered more narrowly for the circumstance where the mucosa has been short-circuited for a period of time. At time zero  $t=0$  the short-circuit  $I_{sc}$  can be abruptly reduced to  $2/3 I_{sc}$  leading to an instantaneous voltage change  $E_0$ . As the PD follows its transient a value may be recorded at 100 milliseconds  $E_0$ . When the asymptote is reached we have a third value  $E_{sp}$ . The current is to be reduced again to  $1/3 I_{sc}$  and finally interrupted completely so that the mucosa regains its spontaneous potential  $E_{sp}$ . At each step when the current is reduced by  $1/3$  of the original  $I_{sc}$  the PD is allowed to traverse a full transient until a new steady state is reached. At each step we record a new voltage developed "instantaneously"  $E_0$ , the value at 100 milliseconds  $E_0$ , and finally the new steady state level  $E_{sp}$ . The resultant values of  $I$  and  $E$  allow us to plot three straight lines portrayed diagrammatically in Figure 7.

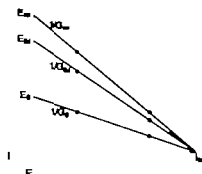


Figure 7 Epithelial conductance lines

A diagrammatic illustration of conductance lines expected of an epithelium (as reciprocals). In steps the short-circuit current is reduced by a third. At each current step change the PD passes through a transient and is recorded as  $E_0$  when  $t=0$ ,  $E_0$  at  $t=0.1$  sec and as  $E_{sp}$  for the new steady state ( $E_0$  of the next step). On completion the spontaneous PD is recorded as  $E_{sp}$ . Reciprocal slopes for conductance are obtained for  $1/G_0$  when  $t=0$ ,  $1/G_0$  at  $t=0.1$  sec and  $1/G_{sp}$  when  $t=\infty$ .

Such conductance lines could arise from any linear array that may be catenary, auxiliary or extended auxiliary (18). A simple series or catenary array is depicted in Figure 8.

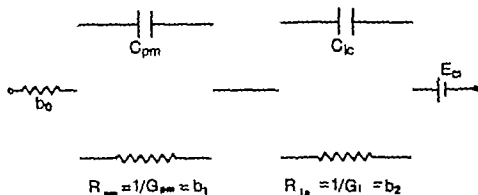


Figure 8 The transient equivalent circuit for a series dry-cell battery

Similar to previous subcircuits. The subscripts for capacitors  $C$  and resistors  $R$  are  $pm$  for a dielectric plasma membrane and  $lc$  for an ionic-capacitor. A chloride "pump" is given as  $E_{Cl}$  and  $b_0$  is a series resistance.

For this example assign values to the several components of the plasma membrane or dielectric and ionic subcircuits so that the half times become respectively 1 millisecond and 10 seconds. At 1 millisecond ( $t=0$  or "instantaneous") the resistance of the dielectric subcircuit is  $0.1R_{pm}$ , that of the ionic subcircuit infinitesimal and for reasonable purposes  $R_0 = b_0$ . At 100 milliseconds the resistance of the dielectric subcircuit is  $99.1R_{pm}$  and that of ionic-capacitor 0.1% of  $R_{lc}$  so that for practical purposes  $R_{0.1} = b_0 + b_1$ .

We now have for the series array the conductances

$$\text{"instantaneous"} \quad G_0 = 1/(b_0) \quad (8)$$

$$\text{"100 milliseconds"} \quad G_{0.1} = 1/(b_0 + b_1) \quad (9)$$

$$\text{"stead state"} \quad G_{\infty} = 1/(b_0 + b_1 + b_2) \quad (10)$$

However in the auxiliary array by virtue of the *first interaction* there may be many and perhaps very many many exponential terms whose apparent half times are 1 millisecond or less. Thus in the extended auxiliary universe

$$G_0 = 1/(b_0 + \sum b_i) \quad (11)$$

$$= a_0 \quad (12)$$

where  $\Sigma b_1$  is the sum of the many phantom intercepts. While values for individual intercepts  $b_1$  would become vanishingly small as the aggregate number of displaced terms becomes large, there is no rational basis for concluding that

$$b_1 \gg \Sigma b_1'' \quad (13)$$

Until this issue is disposed of, we must conclude that  $a_1$  of equation (1) is not synonymous with a pure non reactive series resistance and the 'instantaneous' conductance is without meaning.

As we extend the manillary system, the second interaction allows of the possibility that

$$G_{s-1} = 1/(a_1 + b_1 - b_2 + b_3 \dots) \quad (14)$$

with  $a_1, b_1$  etc. but with it not being known whether any particular  $b_1$  arises from an ionic-capacitor or a dielectric subcircuit. Thus if  $G_{s-1}$  is intended to include all values of  $R_{pm}$  but exclude those of  $R_{to}$ , then  $G_{s-1}$  is without merit.

There remains the disparaged steady state-conductance  $G_m$ . As a single parameter it may be inadequate for the Herculean task of unlocking the black box but it is a valuable parameter. It is the only parameter applicable to isotopically measured partial conductances. It is the linear parameter that gives the net ionic movement as a function of the transmural potential difference. It may not be the most attractive epithelial conductance but it is the only one we have.

While it is the transmural ionic conductance, it would be premature to speak of it as the sum of all transmural partial ionic conductances implying that each partial conductance is linear when we lack such evidence.

## SUMMARY

I. To facilitate commentary on electrical transients displayed by epithelial structures and to define the conductance of the latter, two new terms have been introduced:

- a) the *power-exponential* transient for the linear symmetrical transient of many epithelial structures
- b) an *ionic-capacitor* for units which have the capacitance properties of a polarizable electrolyte compartment



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#### ADDENDA

CAVEAT #1 I am indebted to my colleague Professor R.C. Arzbacher who on short notice developed Laplace transforms for the time-constants of the transients obtained by current-clamping and by voltage-clamping. In the case of the equivalent circuit given in Figure 6 (as well as that of Figure 3 Rehm W.S. and Tarvin J.T. this Symposium) the naked simplicity reveals that voltage-clamping is equivalent to radical surgery. We no longer have a mamillary array the RC sub-circuits are uncoupled and the half times become  $t_{1/2} = 0.7R_1C_2$  and  $t_{1/2} = 0.7R_2C_2$ . In real life there has to be provision for a series resistance  $R_s$  e.g. between the two resistors  $R_1$  and the lower accessible terminal. As we are presently able to study epithelia we are actually evaluating physiological mucosae (or the equivalent thereof for the frog skin and others) as emphasized in the legends for Figure 3. To what extent the transients obtained by voltage-clamping and current-clamping are differentiated Figure 6 or are superimposable depends on whether  $R_s$  is negligible or largely relative to the other resistances.

CAVEAT #2 While the issue of the meaning of conductance is clearly paramount for the gastric mucosa and other epithelia it is sensible that semantic clarity is required in the study of single cells such as the erythrocyte, black lipid films or beyond biology in the use of the Wheatstone bridge.

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## Effect of Posterior Lobe Hormones on the Isolated Frog Gastric Mucosa

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**ABSTRACT** The antidiuretic hormone (ADH) was added to the isolated gastric mucosa of frogs mounted as a membrane in a two-chamber system. A concentration of ADH as small as  $3.5 \cdot 10^{-7}$  M showed a profound inhibition of the hydrogen ion secretion in a spontaneously secreting mucosa and sometimes in a pentagastrin stimulated one, but was without effect if the secretion was induced by histamine, cyolic AMP or aminophylline. Oxytocin showed identical effect. The effect does not seem to depend on an inhibition of histamine liberation. The transmucosal DC-resistance showed a slight increase.

The earliest report on inhibitory action of posterior lobe extracts on gastric secretion appeared in 1936 (1) but was soon followed by others (2-8). Most of these authors used purified or synthetic ADH preparations. One paper (4) also described the inhibitory effect of oxytocin.

Karlmark & Öbrink (7) claimed that effect was obtained with dosages of ADH which were considered to give concentrations in blood and tissue within physiological limits, indicating that ADH may play a physiological role in the control of the gastric secretion. Similar conclusions were drawn by Abelson & Zaks (9).

Therefore, it seems possible or even probable, that ADH exerts its inhibitory actions not by its vasoactive principle but by some other means (metabolic or membrane interference).

No reports have appeared on the effect of ADH or oxytocin on the gastric secretion in isolated stomachs or gastric mucosa. It was therefore considered of fundamental interest to study the effect of pure posterior lobe preparations on the isolated gastric mucosa of frog, that has been the most widely used preparation.

## Methods

**General procedure** Frogs (*Rana Temporaria*) were kept in a tank containing running tap water of 16°C. During the first part of the series of experiments the animals were force fed with pieces of liver once or twice a week. Later on the frogs were allowed live food (newborn mice).

The frog was decapitated, the stomach cut out and the mucosa isolated and cut open. The mucosa was mounted between two Perspex chambers containing 10 ml of solution each, with an exposed area of 1.8 cm<sup>2</sup>. The nutrient solution contained 81.6 mM NaCl, 3.2 mM KCl, 1.8 mM CaCl<sub>2</sub>, 0.8 mM MgSO<sub>4</sub>, 0.8 mM KH<sub>2</sub>PO<sub>4</sub>, 17.8 mM NaHCO<sub>3</sub>, 3.0 mM NaCH<sub>3</sub>COOH and 2.0 mM Glucose. The solution on the secretory side contained 102.4 mM NaCl, 4.0 mM KCl, 1.8 mM CaCl<sub>2</sub> and 0.8 mM MgSO<sub>4</sub>. Both chambers were gassed with 5% CO<sub>2</sub> and 95% O<sub>2</sub>, which performed the stirring of the chambers. The experiments were performed at room temperature.

Some experiments were performed in a dual two-chamber system where one mucosa was mounted such as to constitute the partitions in two parallel systems. One side could then be used as a control for the other one.

On the secretory side the pH was kept constant at 4.7 by a pH-stat method with a solution containing 84.8 mM NaCl, 1.3 mM Na<sub>2</sub>SO<sub>4</sub>, 4.0 mM KCl, 15.0 mM NaOH and 7.9 mM Mannitol for titration.

**Electrical parameters** The transmucosal PD was measured between two calomel electrodes supplied with 1 M KCl agar bridges. The experiments were performed without short-circuiting the mucosa.

The resistance across the mucosal membrane was determined by sending a squarewave of 100 µA current through the mucosa, first in the direction mucosa-serosa for 30 msec and then in the opposite direction for another 30 msec (10). During this time the PD changed to a new level which appeared to be a steady one. The ΔPD was used for calculating the resistance.

The current generated by the mucosa (estimated short-circuit current) was calculated as (PD) divided by (Resistance).

**Drugs** To stimulate the secretion the following substances were some times added to the nutrient side:

- histamine dihydrochloride to a final concentration of 10<sup>-4</sup> M
- pentagastrin (MW=772) (Peptavlon<sup>R</sup> ICI Pharma) to a final concentra

tion of  $6 \times 10^{-4}$  M

c) Aminophylline (MW=420.4) (Sigma) to a final concentration of  $6 \times 10^{-4}$  M  
 d)  $\text{N}^6, \text{O}^2$ -dibutyryl-o-AMP (MW=491.3) (Sigma) to a final concentration of  $10^{-3}$  M

Vasopressin was obtained from Sandoz Ltd as synthetic lysine vasopressin. The concentration of vasopressin is normally given as IU defined as antidiuretic or vasopressor effects. In the present study it is more appropriate to express the concentration in moles/l (MW=1056). For the preparation at hand one IU was equal to  $3.5 \times 10^{-9}$  moles of vasopressin which was added to the nutrient (or in some cases the secretory) side giving a final concentration of  $3.5 \times 10^{-7}$  M. Oxytocin (MW=979) was obtained from Ferring Ltd and used in a similar fashion as vasopressin. The normal dose added contained 1 IU corresponding to  $2.6 \times 10^{-9}$  moles giving a final concentration of  $2.6 \times 10^{-7}$  M.

Histamine determinations. Histamine was determined in the nutrient and secretory solutions with the fluorescence method of Shore et al. (11) modified by Håkanson & Rönnerberg (12) using a ratio fluorometer (Farrand Optical Co.). 2 ml of the sample were mixed with 0.4 ml 1 M NaOH and 0.1 ml 0.4% O-phthalaldehyde. The condensation step was carried out in  $\text{N}_2$ -atmosphere at  $-20^\circ\text{C}$  overnight. 0.25 ml of 0.8 or 0.9 M  $\text{H}_2\text{SO}_4$  were then added during thawing and the degree of fluorescence read within a few hours.

## Results

The mucosae did not behave uniformly. Some showed a spontaneous secretion of HCl whereas others were in or near secretory rest. All the mucosae could be stimulated by some secretagogue added to the nutrient side.

When the mucosa showed a steady secretion rate vasopressin was added to the nutrient side. The effect of the ADH varied. In experiments with spontaneously secreting stomachs a marked inhibition of the acid secretion appeared within a few minutes whereas in histamine stimulated stomachs the inhibition was small or entirely absent. This is seen in *fig. 1* where many experiments are put together.

The average figure for the  $\text{H}^+$ -secretion rates was  $2.41 \mu\text{eq cm}^{-2} \text{hr}^{-1}$  for the spontaneously secreting stomachs and  $3.00 \mu\text{eq cm}^{-2} \text{hr}^{-1}$  for the histamine stimulated ones. After ADH-administration (time = zero)

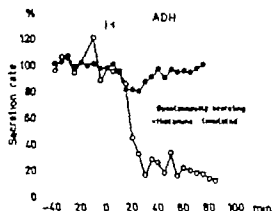


Fig 1 A summary of several experiments. The pre-ADH secretion rates were normalized to 100%. ADH was in all experiments added to a final concentration of  $3.5 \times 10^{-7}$  M.

the average secretion rates from 25 minutes and thereafter were 21% of the original rate for the spontaneously secreting stomachs and 91% for the histamine stimulated ones.

It was made sure that the solvent for ADH (a mixture of alcohol, Na-acetate, acetic acid and chlorbutol) did not interfere with the results.

There may be an important pitfall in comparing inhibitory effects if the preinhibitory stimulation is not well defined. Öbrink (13) showed that for the same dose of inhibitor the inhibition could be almost 100% when the secretion rate in the stomach before the inhibition was low but could decrease to almost nil when the preinhibitory secretion rate was at its highest level. It was therefore necessary to compare the secretion rates in the two groups before the administration of ADH. In fig. 2 the preinhibitory secretion rates are presented and it is evident that even if in some experiments the initial secretion rates were lower in the spon-

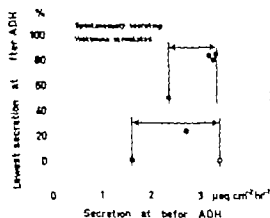
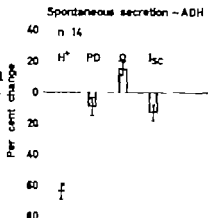


Fig 2 The histamine induced secretion was very much less inhibited by ADH than the spontaneous one. This was not however due to different pre-inhibitory secretion rates as can be seen from this figure.

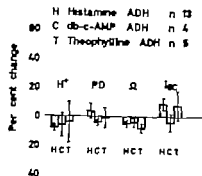
Fig 3 The percentage change of  $H^+$  secretion rate transmemucosal potential difference DC-resistance and calculated short circuit current after ADH administration to spontaneous secretion. The vertical lines denote  $\pm$  S.E. of the mean



taneously secreting stomachs than in the histamine stimulated ones. The two groups covered the same order of secretion rates. Fig. 2 also shows the degree of inhibition as represented by the lowest post ADH value obtained. There was no tendency to a stronger inhibition of lower preinhibitory secretion rates. Thus, the difference in inhibition between the two groups cannot be accounted for by different preceding stimulation rates. The percentage inhibition for a whole group of experiments with spontaneous secretion is shown in *fig. 3* and after histamine stimulation in *fig. 4*.

Histamine is thought to act through the activation of adenylate cyclase. Consequently, the effect of ADH on the cyclic AMP-stimulated secretion was also investigated. A clear but not excessive stimulation of acid output was obtained with dibutyryl-c-AMP at a final concentration of  $10^{-3}$  M. After this treatment ADH was as ineffective as inhibitor as after histamine. Similar results appeared when the secretion was induced by the phosphodiesterase inhibitor aminophylline at a final concentration of  $5 \times 10^{-4}$  M - *fig. 4*.

Fig 4 The percentage change of  $H^+$  secretion rate transmemucosal potential difference DC-resistance and calculated short circuit current after ADH administration to secretion induced by histamine c-AMP or aminophyllin. The vertical lines denote  $\pm$  S.E. of the mean



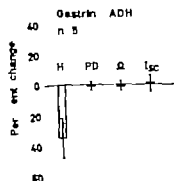
When gastrin was used for stimulation however the results sometimes resembled the ones obtained with ADH on spontaneous secretion fig. 5. These results were however not consistent. The inhibitory power never appeared if other types of treatment had been given to the mucosa prior to the gastrin-ADH assay.

#### Effect on electrical parameters.

In order to further elucidate the mode of action of ADH on the gastric mucosa the transmucosal PD and the electrical resistance were recorded. The calculated short circuit current was obtained as the quotient between the PD and the resistance. The electrical parameters (average values) are presented in Table I. The percentage change was calculated for each experiment separately. Therefore the figures for change % in the table may not agree with the quotient of the averaged figures after ADH / before ADH. The changes in per cent of pre-ADH-values are visualized in figs 3, 4 and 5. No drastic changes occurred as a result of ADH-administration with the possible exception of the resistance in the case of spontaneous secretion where the resistance increased. As the PD was unchanged the generated current decreased. Fig. 6 shows this in an individual experiment.

#### Oxytocin as an inhibitor

Experiments with oxytocin were performed in similar ways as with ADH. Fig. 7 summarizes the effects of oxytocin on spontaneous as well as histamine stimulated secretion. The effect of oxytocin resembled that of ADH but the changes of the electrical parameters were even less pronounced. No decrease in  $I_{sc}$  was detected but possibly an increase in PD.



**Fig 5** The percentage change of  $H^+$  secretion rate, transmemucosal potential difference, DC-resistance and calculated short circuit current after ADH administration to secretion induced by pentagastrin. The vertical lines denote  $\pm 3$  SE of the mean.

Table 1 The steady state secretion rates and electrical parameters and their changes after ADH administration in spontaneously secreting or stimulated gastric mucosa

Stimulation	No. experiments	Steady state secretion rate of $H^+$			Steady state PD			Steady state resistances			Steady state generated current		
		Average			Average			Average			Average		
		before ADH	after ADH	change %	before ADH	after ADH	change %	before ADH	after ADH	change %	before ADH	after ADH	change %
Spontaneous	14	1.67	0.63	-64	16.62	15.27	-8	333.64	364.52	+15	1.92	1.68	-13
		0.59	0.44	19.97	4.06	5.16	22.82	85.73	76.92	17.07	0.80	0.71	10.44
		0.15	0.12	8.24	1.08	1.38	-6.10	27.3	20.6	4.56	0.21	0.19	5.47
Histamine	13	2.55	2.32	-8	13.01	12.45	+4	321.48	321.54	5	1.58	1.77	+9
		0.54	0.47	8.12	3.90	4.58	15.55	98.56	104.28	9.57	0.69	0.85	16.37
		0.13	0.13	2.25	1.08	1.37	4.31	27.34	28.92	2.27	0.19	0.24	4.53
DB-o-AMP	4	1.28	1.24	-6	15.95	15.4	-4	297.0	284.5	-4	2.23	2.11	-4
		0.29	0.30	15.63	3.63	4.01	4.43	50.58	46.68	5.81	0.77	0.72	11.85
		0.15	0.25	7.82	1.62	1.79	2.21	25.29	23.32	2.96	0.39	0.36	5.93
Theophylline	5	1.69	1.59	-4	13.0	12.90	1	355.60	329.60	-8	1.42	1.50	+8
		0.40	0.54	32.26	3.05	3.17	13.84	80.19	80.16	6.81	0.52	0.47	21.39
		0.16	0.24	14.40	1.36	1.42	6.09	29.92	22.42	2.93	0.23	0.21	9.55
Pentagastrin	5	2.31	1.62	35	16.18	16.04	1	312.0	315.0	1	1.90	1.90	+1
		0.85	0.96	28.82	2.92	3.34	6.10	32.53	35.32	8.35	0.57	0.53	11.97
		0.29	0.43	12.67	1.31	1.49	2.72	14.54	16.06	3.73	0.25	0.24	5.34



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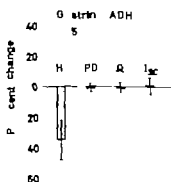


Fig 5 The percentage change of  $H^+$  secretion rate, transmucosal potential difference, DC-resistance and calculated short circuit current after ADH administration to secretion induced by pentagastrin. The vertical lines denote  $\pm 8 E$  of the mean.

kinase which is not activated by histamine (14). In the toad bladder ADH causes aggregation of intramembraneous particles in the luminal membranes of granular cells thereby influencing the osmotic water flow (15). The inability of ADH to inhibit gastric secretion stimulated by exogenous histamine or c AMP (or aminophyllin) may indicate that these substances prevented the specific ADH function in the cell. It may also suggest that the stimulating mechanisms for the spontaneous secretion are different from those induced by exogenous histamine. This is of course highly hypothetical but cannot be ruled out at the present time.

Preliminary experiments with ADH on isolated gastric glands (16) indicate that the inhibition is not accompanied by a decrease in oxygen consumption.

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## Gastric $H^+$ Ion Secretion in the Isolated Whole Rat Stomach—The Effects of Agonists and Antagonists

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Studies on gastric  $H^+$  ion secretion in vivo are complicated by hormonal, neural and vascular influences. The use of isolated parietal cell preparations removes these influences but  $H^+$ -ion transport cannot be measured directly, oxygen consumption or  $\alpha$ -naphthylpyrrole accumulation being used as indirect measurements. Studies on an isolated whole stomach preparation provides a bridge between results obtained in vivo and those obtained on isolated parietal cell preparations. The present paper describes studies carried out on an isolated whole stomach preparation from an immature rat, the lumen of the stomach being perfused and the  $H^+$ -ion activity of the perfusate recorded continuously.

The preparation has a basal secretion (mean from 21 preparations of  $4.86 \text{ mol} \times 10^{-8}/\text{min}$ ) which remains stable over a 6 hour period. The origin of this secretion is not clear but it is not inhibited by the histamine  $H_2$ -receptor antagonist metiamide at concentrations as high as  $10^{-3}M$ . It is however reduced by high concentrations ( $10^{-4}M$ ) of the anticholinergic drug tropine and by thiocyanate at  $10 \text{ mM}$ .

The preparation gives dose-dependent  $H^+$  ion secretory responses to histamine, acetylcholine, gastrin and dibutyryl cyclic adenosine 3',5'-monophosphate (db cAMP) and the responses are readily reversible on washing out of the agonist. However, with all the agonists the secretory response showed fade when the agonist was allowed to remain in contact with the tissue or even when it was infused continuously into the serosal bathing fluid. The fade was least marked with db cAMP but the reason for the fade is not clear. In addition the peak response to pentagastrin showed marked tachyphylaxis on repeated administration. The other agonists did not exhibit this tachyphylaxis.

Antagonist studies with metiamide showed that in the concentration range  $3 \times 10^{-6}M - 3 \times 10^{-5}M$  the compound inhibited histamine-stimulated secretion. The antagonism appeared to be of a competitive type and the results suggested a homogeneity between the histamine  $H_2$  receptors on the gastric mucosa and those on other tissues such as the guinea-pig trachea and rat uterus.

The secretory response to gastrin was inhibited by the same concentration range of metiamide but the maximum response was depressed, a phenomenon also observed in vivo in the rat dog and man.

Concentrations of metiamide as high as  $10^{-3}M$  failed to inhibit gastric  $H^+$ -ion secretion stimulated by acetylcholine suggesting that histamine is not involved in the response to this secretagogue. Also high concentrations of metiamide (upto  $10^{-3}M$ ) failed to inhibit db cAMP-stimulated secretion. The results with db cAMP suggested that it acted at a point distal to the histamine  $H_2$  receptor.

Atropine at  $10^{-3}M$  failed to inhibit histamine-stimulated secretion. Significant inhibition of acetylcholine-stimulated secretion by atropine was obtained in the concentration range  $10^{-6}M - 3 \times 10^{-6}M$  but these concentrations are high compared to those used to block muscarinic receptors. For example on the guinea-pig ileum ( $10^{-9}M - 10^{-8}M$ ). Atropine at  $10^{-5}M$  failed to inhibit gastrin-stimulated secretion but significant inhibition was found at  $10^{-4}M$  and  $10^{-3}M$ .

Overall the results could be interpreted as indicating that the rat gastric mucosa contains histamine  $H_2$  receptors and acetylcholine receptors but that gastrin acts at least in part via a histaminergic pathway. The failure of very high concentrations of metiamide to inhibit acetylcholine-stimulated secretion and of high concentrations of atropine to inhibit histamine-stimulated secretion argues against the hypothesis of receptor interaction put forward by Grossman and Konturek at least in the rat gastric mucosa in vitro.

Preliminary studies on the ionic dependence of gastric  $H^+$ -ion secretion have shown that removal of  $Ca^{++}$  ions from both the mucosal and serosal bathing fluids enhances rather than reduces the response to histamine. In addition basal secretion was not reduced, a result which contrasts with the results of other workers using amphibian mucosa in vitro. Clearly studies using  $Ca^{++}$  chelating agents such as EDTA are required.

## Interpretation of the Voltage Response of Epithelial Tissue to Step Currents

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**Abstract:** The transient voltage response of the gastric mucosa under constant current conditions is examined in terms of a mathematical model. It is shown that the surface cells cannot be ignored in such an analysis in spite of the fact that their resistance may be five-fold or more that of the tubular cells. In particular, there is a time constant present in the analyzed response which may be an order of magnitude less than the time constant of any of the cell membranes.

Electrical resistance measurements have been very useful in elucidating the mechanisms of ion transport in many tissues. For example, it has been shown (1, 2) for the frog gastric mucosa by means of resistance measurements that most of the  $\text{Cl}^-$  and all of the  $\text{HCO}_3^-$  move across the nutrient membrane (the membrane facing the submucosa) by means of a neutral (nonconductive) mechanism (or mechanisms).

Certain problems arise in the determination of the electrical resistance of biological systems and in this paper some of these problems will be analyzed. Although our interest is primarily concerned with the frog's cornea and the frog's gastric mucosa, we believe that our analysis is of general applicability to epithelial tissues.

For an initial approach to the problem an idealized system is examined in which there is a flat sheet of cells with the resistance between the cells (the transintercellular region) having an essentially infinite resistance. If all of an applied current would traverse the plasma

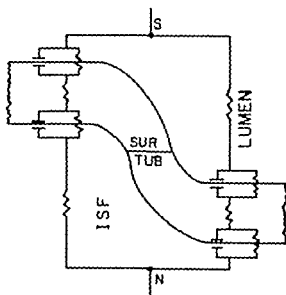


Fig 2 Equivalent circuit for the frog gastric mucosa. The left-hand limb represents the lumen and nutrient membranes of the surface cells (SUR) while the right-hand limb represents the membranes of the tubular cells (TUB).

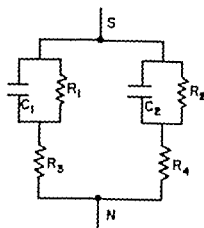


Fig 3 Simplified equivalent circuit for the frog gastric mucosa. By assuming the same time constant for both the lumen and the nutrient membranes in Fig 2 it becomes possible to represent both the surface and the tubular cell membranes by the subcircuits  $(R_1 C_1)$  and  $(R_2 C_2)$  respectively. See text.

with the  $T$ 's and hence with values of the  $R$ 's and  $C$ 's other information would be needed. For example, if it were known that a given agent or procedure would change only the characteristics of one of the membranes so that its time constant were changed significantly, then a transient obtained under the new experimental conditions would result in a change in one of the time constants and no change in the other time constant. Hence the  $R$ 's and  $C$ 's of the two membranes would then be known.

If  $T_1$  and  $T_2$  were the same under standard conditions but under new experimental conditions were different, then under the new experimental conditions (if it were again known that only one of the membranes was changed) the  $R$ 's and  $C$ 's of each membrane could be easily determined.

The above analysis is for the simplest of epithelial systems. Interpretations of the voltage transient of less simple systems is far more difficult. Still, the goal in studies of the voltage transients to step currents in complex tissues is (a) the determinations of the  $R$ 's and  $C$ 's of each membrane of the tissue and (b) the mechanisms by which each ion is transported across the membranes, whether it be via conductive channels or nonconductive mechanisms or by passive or active mechanisms. Our primary goal in this paper is the presentation of certain problems that arise in the analysis of transients in complex tissues.

IN VITRO FROG GASTRIC MUCOSA

Figures 2 and 3 represent lumped parameter circuits for the in vitro frog gastric mucosa. The left-hand limb of Fig. 2 represents the surface cells and the other limb the tubular cells. We should point out that due to the complex geometry of the mucosa, a distributed parameter circuit would undoubtedly more adequately represent this tissue. However, on the basis of present knowledge, it would be ridiculous to attempt to use a distributed parameter circuit. Therefore, for the present we are constrained to use a lumped parameter circuit for the analysis of the voltage transients. It should be noted that there are



essentially two cell types in the frog gastric mucosa i.e. the surface cells which line the surface and the pits and the tubular cells which line the tubules. Since each cell type has a lumen membrane and a nutrient membrane there are 4 plasma membranes. It is important to point out that even for a complex tissue the series resistance  $R_g$  and the total resistance can still be easily obtained.

There is evidence indicating that the resistance through the surface cells is substantially greater than the resistance via the tubular cells and the lumina (7,8). If we assume that the resistance through the surface epithelial cells is five or more times that through the tubular cells plus lumina then the total resistance would give to a good first approximation the resistance through the tubular cells and lumina. If we studied changes in the total resistance and as long as the resistance via the surface cells was still substantially greater than that via the tubular cells then changes in the total resistance could be interpreted to a good first approximation as due to changes via the tubular cells. In other words for certain analyses we could disregard the surface cells. However in the analysis of the transient voltage responses we will show that even with the surface cell resistance substantially greater than that of the tubular cells we cannot ignore the resistance of the surface cells. We will show in the analysis of the voltage transients that at least one of the derived time constants (i.e. the time constants for the total circuits of Fig. 2 and 3) may be much less than any of the time constants of the individual membranes. We should point out that for the in vitro frog gastric mucosa the voltage response (in the msec range) cannot be represented by an equation with a single time constant but can be quite accurately represented by an equation with two time constants (6). In contrast for an accurate representation of the voltage transient of the frog a cornea more than two time constants are required (9). For the analysis of the voltage transient of the frog

gastric mucosa we used initially a simple stripping technique (4) and later a more accurate technique (6). With both techniques we found two time constants which were about an order of magnitude apart. For the longer time constant with the stripping technique a value of the capacitance of about  $400 \mu\text{f cm}^{-2}$  of macroscopic area was obtained but with the more sophisticated and more accurate technique the value of the capacitance for the longer time constant was substantially less being in the range of about  $100 \mu\text{f cm}^{-2}$ . The actual surface area of the nutrient membranes of the surface and tubular cells and the secretory membrane of the tubular cells is in the neighborhood of about 100 times the gross macroscopic area (10).

Returning now to our main theme we have obtained a closed form solution of the circuit of Fig. 2 but a presentation of this aspect of our analysis is beyond the scope of the present paper. Obtaining a closed-form solution involves the solution of a fourth order linear differential equation and the manipulations are quite tedious. In order to illustrate the thrust of our analysis we will make the simplifying assumption that the two time constants in the left limb of the circuit in Fig. 2 are the same and that the two time constants in the right limb are the same. On the basis of this assumption the circuits in Fig. 2 can be reduced to the circuit shown in Fig. 3. Now the solution of this circuit involved only the solution of a second order linear differential equation (which can be easily obtained from our solution of the fourth order differential equation of the circuit in Fig. 2).

Solution of the second order differential equation shows that the voltage response  $V_{NS}$  to a step current of constant magnitude for the circuit in Fig. 3 is given by:

$$V_{NS} = IR_0 + IR_1(1 - e^{-t/T_1}) + IR_2(1 - e^{-t/T_2}) \quad (3)$$

where

$$R_0 + R_1 + R_2 = R_{\infty} \quad (4)$$

and  $R_0$  is given by:

$$R_0 = \frac{R_3 R_4}{R_3 + R_4} \quad (5)$$

$R_{\infty}$  defined by equation (4) is given by  $V_{NB}/I$  when  $t \rightarrow \infty$ :

$$R_{\infty} = \frac{(R_1 + R_3)(R_2 + R_4)}{R_T} \quad (6)$$

where

$$R_T = R_1 + R_2 + R_3 + R_4 \quad (7)$$

The time constants  $T_1$  and  $T_2$  are given by:

$$T_1 = \frac{2\alpha}{\beta - \gamma} \quad (8)$$

$$T_2 = \frac{2\alpha}{\beta + \gamma} \quad (9)$$

where  $\alpha$ ,  $\beta$  and  $\gamma$  are given by:

$$\alpha = T_1 T_2 (R_T - R_1 - R_2) \quad (10)$$

$$\beta = T_1 (R_T - R_1) + T_2 (R_T - R_2) \quad (11)$$

$$\gamma = \sqrt{[T_1 (R_T - R_1) - T_2 (R_T - R_2)]^2 + 4T_1 T_2 R_1 R_2} \quad (12)$$

and  $R_1$  and  $R_2$  by:

$$R_1 = \frac{[(R_1 + R_3)T_1 - R_3 T_1][(R_2 + R_4)T_1 - R_4 T_2]T_2}{T_1 T_2 (R_3 + R_4)(T_2 - T_1)} \quad (13)$$

$$R_2 = \frac{[(R_1 + R_3)T_2 - R_3 T_1][(R_2 + R_4)T_2 - R_4 T_2]T_1}{T_1 T_2 (R_3 + R_4)(T_1 - T_2)} \quad (14)$$

Parenthetically as a first approach to the problem the reader may appreciate our use of the simplifying assumptions enabling us to use the equations for the circuit in Fig 3 rather than those for the circuit in Fig 2

It should be clear from the above that  $T_1$  and  $T_2$  are the time constants for the circuit of Fig 3 treated as a two terminal circuit and not the time constants for the subcircuits. The time constants for the subcircuits are  $C_1 R_1$  and  $C_2 R_2$ . It can be seen from the above equations that both  $T_1$  and  $T_2$  are rather complicated functions of all the  $R$ 's and  $C$ 's. Equation (3) can be rearranged by use of equation (4) so that:

$$V_{NS} = IR_0 - IR_1 e^{-t/T_1} - IR_2 e^{-t/T_2} \quad (15)$$

For the discharge after the leveling off of  $V$  during charging we have:

$$V_D = IR_1 e^{-t/T_1} + IR_2 e^{-t/T_2} \quad (16)$$

$V_D$  gives the voltage after the initial step decrease ( $= R_0 I$ ) following the break of the circuit.

We will now show that the voltage response of the circuit in Fig 3 may yield a time constant that is much less than that of any of the time constants of the subcircuits (i.e. if these subcircuits were examined in isolation by the use of step currents). To illustrate this point we let the time constants be equal for the two RC subcircuits in Fig 3 i.e. we let  $R_1 C_1 = R_2 C_2 = RC$ . Equation (3) after algebraic manipulations reduces to:

$$V_{NS} = R_0 I + \frac{R_1 R_2}{R_1 + R_2} I (1 - e^{-t/T_1}) + \frac{(R_2 R_3 - R_1 R_4)^2}{(R_1 + R_2)(R_3 + R_4)R_T} I (1 - e^{-t/T_2})$$

and  $T_1$  and  $T_2$  are found to be:

$$T_1 = RC \quad (18)$$

$$T_2 = \frac{R_3 + R_4}{R_T} RC \quad (19)$$

This result is not intuitively obvious (at least to us) but derives from straightforward algebra. In other words  $T_1$  is equal to the time constants of the two subcircuits

(when they are equal) and the second time constant is less than  $T_1$  since obviously  $(R_3 + R_4) < R_T$ . Now if  $R_1/R_3 = R_2/R_4$  then the coefficient of the  $T_2$  term vanishes and the circuit would have only one time constant. This latter conclusion is intuitively obvious since if  $R_1/R_3 = R_2/R_4$  the circuit would be represented by a one limb circuit i.e. by two resistors in series with one shunted by a capacitor. However if  $R_1/R_3 \neq R_2/R_4$  then the coefficient will not vanish and the circuit will have two time constants.

Let us examine a set of conditions where  $(R_1 + R_3)$  is substantially greater than  $(R_2 + R_4)$  — a set of conditions which is applicable to the gastric mucosa. Assume that the  $R_1R_3$  limb represents the surface cells and the  $R_2R_4$  limb the tubular cells. There is substantial evidence supporting the conclusion that the resistance via the surface cells is substantially greater (perhaps five-fold or more) than the resistance via the tubular cells plus lumina (7). In other words the high resistance limb represents the surface cells and the low resistance limb the tubular cells.

For a specific illustration let  $R_2 = R_3 = R_4 = R$  and let  $R_1 = 10R_2$  (i.e.  $R_1 = 10R$ ). Then  $T_2$  from equations (18) and (19) is  $0.15 T_1$ . Obviously it is important to determine whether the  $T_2$  coefficient will be vanishingly small. Substitution into equations (5), (13) and (14) reveals that  $R_0 = 0.5 R$ ,  $R_1 = 0.91 R$  and  $R_2 = 0.28 R$ . In other words  $R_2$  is about 30% of  $R_1$  and in the analysis of the transient there would be no problem in showing that there is a time constant present which is much less than the time constant of the subcircuits.

#### Conclusion

It should be clear to the reader that if one were not aware of the analysis presented in the foregoing one might feel constrained to attempt to identify the short time constant (including its  $R$  and  $C$  values) with a subcircuit i.e. with one of the membranes of the tissue. For the shorter time constant such an identification would be

in error. The reader may then ask about the longer time constant and the possibility of identifying it with one of the membranes. An analysis of this aspect of the interpretation of the voltage transients is beyond the scope of this paper. Our overall problem is a rather difficult one but with certain additional information it is within the realm of possibility that the analysis of voltage transients to step currents will result in considerable insight into the characteristics of the plasma membranes of complex tissues.

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## Effect of Weak Bases on Secreting and Inhibited in Vitro Frog Gastric Mucosa

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**ABSTRACT:** The marked decrease in measured  $H^+$  rate which occurs when aminopyrine (AP) or imidazole (IZ) are added to the nutrient side of in vitro frog (*Rana pipiens*) gastric mucosa is due to neutralization of the secreted  $H^+$  by the weak bases diffusing across the mucosa into the lumen. Both AP and IZ substantially reverse thiocyanate inhibition of  $H^+$  secretion but only partially reverse thiocyanate effects on potential difference and resistance. Nitrite inhibition of  $H^+$  secretion is not reversed by AP but occasionally is slightly reversed by IZ.

This paper is concerned with the in vitro frog gastric mucosa two weak bases imidazole and aminopyrine and two inhibitors of  $H^+$  secretion thiocyanate and nitrite. Alonso et al. reported that imidazole and certain of its congeners markedly reduced the measured  $H^+$  rate of the in vitro frog gastric mucosa (1). We confirmed this finding for imidazole and found that aminopyrine would also reduce the measured  $H^+$  rate. Both of these weak bases produced changes in the electrophysiological characteristics of the mucosa. We report here that the reduction in measured  $H^+$  secretion is caused by the weak bases diffusing in neutral form across the cell layer and neutralizing the secreted  $H^+$  ions in the lumen.

In the course of these experiments thiocyanate was used to test the validity of  $H^+$  rates and we report here that both aminopyrine and imidazole will reverse thiocyanate inhibition of  $H^+$  secretion.



In further experiments we found that aminopyrine would not reverse nitrite inhibition of  $H^+$  secretion and that imidazole would occasionally reverse it slightly. Preliminary reports of these results have been presented elsewhere (2,3).

#### Methods

The experiments were performed on *Rana pipiens* with an in vitro method described in detail elsewhere (4). The external muscle layers were removed from the frog stomach and discarded. The resulting preparation referred to as the gastric mucosa consists of the mucous coat, the invaginated continuous cell layer (one cell thick), the lamina propria, the muscularis mucosa, and part of the submucosa. The gastric mucosa was mounted between chambers and the  $H^+$  secretory rate measured by means of the recording pH stat method in which the pH of the fluid on the secretory (mucosal) side was maintained at an appropriate value. Two pairs of electrodes were used: one pair for sending current across the mucosa and the other pair for potential difference (PD) measurements. The PD was measured with a recording potentiometer with an 0.125 sec full-scale response. The resistance was determined as the change in PD (0.5 sec after the application of current (5)) divided by the current. Resistances are given as resistance between the two probe electrodes.

The fluids on the secretory and nutrient (submucosal) sides were connected to their own reservoirs and circulation was by gas lifts. The secretory side was gassed with 100%  $O_2$  and the nutrient side with 95%  $O_2$  - 5%  $CO_2$ . Composition of the  $Cl^-$  secretory fluid was (mM):  $Na^+$  100;  $K^+$  4;  $Cl^-$  104. The composition of the  $Cl^-$  nutrient fluid was (mM):  $Na^+$  102;  $K^+$  4;  $Ca^{++}$  1;  $Mg^{++}$  0.8;  $Cl^-$  81;  $SO_4^{--}$  0.8;  $HCO_3^-$  25; phosphate 1.0; glucose 10; histamine 0.1. The weak bases imidazole or aminopyrine were always added to the nutrient solution. Thiocyanate ( $NaSCN$ ) was added to the secretory side except for one series of experiments noted below. Statistical analyses were by the paired t-test.

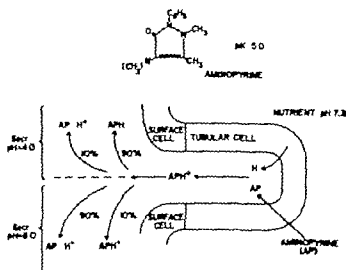


Fig 1 Schematic diagram of gastric tubule illustrating neutralization hypothesis

### Preliminary studies

To determine whether the weak bases inhibited or neutralized  $H^+$  secretion we used the method illustrated in Fig 1 for aminopyrine ( $pK_a = 5$ ). The neutral form of aminopyrine (AP) diffusing across the cell into the lumen would pick up a secreted  $H^+$  ion and enter the secretory bathing solution in the charged form ( $APH^+$ ). If the secretory  $pH = 4$  then 90% would remain in the charged form ( $APH^+$ ) and 10% would give up a  $H^+$  to be titrated and the measured  $H^+$  rate would decrease markedly. If however the  $pH$  of the secretory solution was 6.0 only 10% would remain in the charged form ( $APH^+$ ) and 90% would release its  $H^+$  and the measured rate would hardly be affected. For imidazole (IZ) ( $pK_a = 6.95$ ) with the secretory  $pH = 4$  only 0.1% of the charged form ( $IZH^+$ ) would release a  $H^+$  ion and changing the secretory  $pH$  to 8 should restore the  $H^+$  rate to 90% of control.

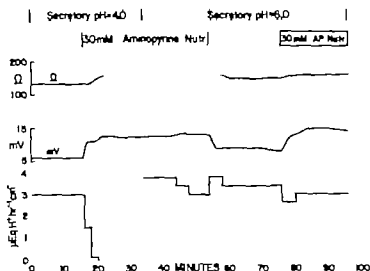


Fig 2 Effect on  $H^+$  PD (mV) and resistance ( $\Omega$ ) of changing from secretory solution of pH 4 to one of pH 6 in presence of 30 mM aminopyrine

Results

#### Effect of changing secretory pH

In Fig 2 we see that when the secretory pH is maintained at 4.0 the addition of 30 mM aminopyrine to the nutrient side caused the measured  $H^+$  rate to drop to zero with a slight rise in PD and resistance. When the secretory fluid was changed to one with a pH of 6.0 there was an immediate return of the measured rate but no change in PD or resistance. When the aminopyrine was removed the  $H^+$  rate continued at about the same level while PD and resistance decreased to control values. The subsequent re-addition of 30 mM aminopyrine with the pH of the secretory solution at 6 had little effect on the  $H^+$  rate although again the PD rose. In a series of 7 experiments with the secretory fluid pH = 4.0 the measured  $H^+$  rate decreased by 98% ( $SD \pm 4.5$ ) and upon changing to a secretory fluid of pH 6 the  $H^+$  rate was 115% ( $SD \pm 30.8$ ) of control. When the aminopyrine was removed the  $H^+$  rate was also 115% ( $SD \pm 21.6$ ) of the control rate.

In 8 experiments where the secretory fluid was maintained at pH = 6 throughout the addition of 30 mM aminopyrine to the nutrient fluid caused a small but significant decrease in  $H^+$  rate ( $P < 0.02$ ) when compared to the initial control rate. However there was no difference when compared to the final control. The PD in aminopyrine was significantly higher when compared to either control ( $P < 0.001$ ) while the resistance showed no significant change.

In experiments in which 20 mM imidazole was added to the nutrient fluid similar results were found. In 8 experiments with the secretory pH maintained at 4.0 the measured  $H^+$  rate was reduced by 88% ( $SD \pm 21.6$ ) and when the secretory solution was changed to one with a pH of 8 the  $H^+$  rate was 156% ( $SD \pm 30.9$ ) of the control. When the imidazole was removed the  $H^+$  rate was 114% ( $SD \pm 13.0$ ) of the control rate.

In 11 experiments in which the secretory pH was fixed at 8.0 the average  $H^+$  rate following the addition of 20 mM imidazole to the nutrient fluid increased but was not significantly greater than the initial or final control. Both the PD and resistance were significantly greater than either of the controls.

#### Reversal of thiocyanate inhibition

Thiocyanate (5-15 mM) added to either the secretory or nutrient solution inhibits  $H^+$  secretion, increases PD and resistance and these effects are reversed when thiocyanate is removed (4). These effects of thiocyanate occur regardless of whether the secretory pH is 4.0, 6.0 or 8.0.

In order to test the validity of the  $H^+$  rates seen at the higher secretory pH's with the weak bases we added thiocyanate to the secretory solution when either 20 mM imidazole or 30 mM aminopyrine was on the nutrient side and saw very little decline in  $H^+$  rate. This unexpected finding led to a series of experiments which disclosed that both aminopyrine and imidazole would reverse thiocyanate inhibition of  $H^+$  secretion—a surprising result.

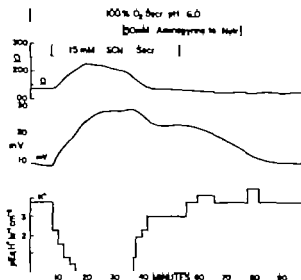


Fig 3 Effect of 30 mM aminopyrine in presence and absence of 15 mM thiocyanate on resistance ( $\Omega$ ); PD (mV);  $H^+$  rate

Figure 3 illustrates this point. The pH of the secretory solution was maintained at 6.0 throughout since as we have just shown  $H^+$  rates with aminopyrine cannot be measured at low secretory pH's. Thiocyanate (15 mM) was added to the secretory side and its typical effects are seen. The PD rises, the resistance increases and the  $H^+$  rate goes to zero. With thiocyanate still present the addition of 30 mM aminopyrine to the nutrient side restores the  $H^+$  rate to about 70% of control. The PD declines slightly but remains well above control levels. In this particular experiment the resistance did return to control levels with restoration of the  $H^+$  rate but this was not a consistent finding.

Removal of the thiocyanate from the secretory side with aminopyrine still present in the nutrient produced a small increase in  $H^+$  rate, little change in resistance and a gradual decline of the PD to about the control level before the addition of thiocyanate. Removal of the aminopyrine had little effect.

In 7 experiments the  $H^+$  rate was inhibited an average of 94% by thiocyanate. aminopyrine restored the rate to 70% of control. The average decrease in PD upon the addition of aminopyrine to a thiocyanate-inhibited stomach was about 10% the average decrease in resistance about 20%.

Similar results were obtained with experiments like Fig. 3 in which the secretory pH was maintained at 8.0. The  $H^+$  rate after inhibition by thiocyanate (added to the secretory side) was restored by addition of 20 mM imidazole to the nutrient side. In a series of 6 experiments the  $H^+$  rate was reduced 87% by thiocyanate and 20 mM imidazole restored the average  $H^+$  rate to 90% of control. Although imidazole produced almost complete reversal of the  $H^+$  inhibition it did not appreciably reverse the effect of thiocyanate on the PD and resistance. In 7 experiments in which the thiocyanate was added to the nutrient side and the imidazole was subsequently also added to the nutrient side the results were essentially the same. Imidazole caused almost complete restoration of the thiocyanate-inhibited  $H^+$  rate but did not produce much change in the thiocyanate-elevated PD or resistance.

The question naturally arises as to whether these restored  $H^+$  rates are true  $H^+$  secretion. We found that the  $H^+$  secretion seen in the presence of thiocyanate and aminopyrine (or imidazole) could be abolished by making the tissue anoxic or by adding amytal (8 mM) to the nutrient solution. With either agent the restored  $H^+$  rate was reduced to zero, the PD fell and resistance rose and all parameters could be re-established following return to oxygen or removal of the amytal. Thus the  $H^+$  rate seen when the weak bases reverse thiocyanate inhibition is true  $H^+$  secretion.

If we first inhibit the  $H^+$  rate with anoxia or amytal, neither aminopyrine nor imidazole will restore the  $H^+$  rate. Therefore the weak bases are not in some way picking up a  $H^+$  ion from the cytoplasm and taking it out into the lumen.

### Nitrite experiments

The mechanism by which thiocyanate inhibits  $H^+$  secretion is still not known. Some years ago Rehm and co-workers (6) reported that at similar concentrations nitrite, cyanate and ammonium as well as thiocyanate suppressed gastric secretion. All four of these ions possess a pair of unshared electrons on a nitrogen and they proposed that this property was responsible for the inhibition of  $H^+$  secretion.

Since we found that aminopyrine and imidazole would reverse thiocyanate inhibition of  $H^+$ , we next tested the effects of these weak bases on nitrite inhibition.

Sodium nitrite (15 mM to nutrient) inhibits  $H^+$  secretion and we found in 10 experiments that aminopyrine (up to 60 mM) would not reverse nitrite inhibition. In 6 of 13 experiments with imidazole there was no reversal of nitrite inhibition while in 7 experiments there was an average of 28% return of  $H^+$  rate. Thus there are similarities but also differences between the effects of the weak bases on thiocyanate and nitrite inhibition.

### Experiments in chloride-free media

Experiments were also performed with  $Cl^-$ -free media and the results are of considerable interest with respect to the effects of these weak bases on thiocyanate inhibition. Although a detailed report of these results is beyond the scope of the present paper [see (7)] we believe the following summary of these results will be of interest to the reader.

In  $Cl^-$ -free media the PD is inverted (nutrient side negative) and  $H^+$  secretion is about 25% of that in  $Cl^-$  solutions. A variety of agents or procedures which reduce the  $H^+$  rate produce a concurrent reduction in the magnitude of the inverted PD—the  $H^+$  rate goes to zero and the PD to about zero. In other words the PD is a criterion for the presence of  $H^+$  secretion. Using the inverted PD as a criterion for  $H^+$  secretion neither aminopyrine nor imidazole inhibit  $H^+$  secretion i.e. they do not appreciably affect the magnitude of the inverted PD. Addition of thiocyanate (15 mM) to the secretory solution of a  $Cl^-$ -free preparation

resulted in the inverted PD going to about zero and a reduction of the  $H^+$  rate to zero. With thiocyanate in the secretory solution addition of either imidazole or aminopyrine to the nutrient side results in a rapid restoration of the inverted PD i.e. re-establishment of the  $H^+$  secretory state.

### Discussion

Once we found that one weak base did not inhibit secretion but was simply neutralizing the secreted  $H^+$  ions it was not surprising to find that another did also. One could expect that any weak base with the proper  $pK_a$  which readily diffused across the gastric mucosa should give essentially the same results.

The finding that both weak bases would reverse thiocyanate inhibition of  $H^+$  secretion was unexpected and surprising. The fact that the  $H^+$  rate was restored without much change in PD and resistance is challenging. A study of the effects of other weak bases might help us to determine the mechanism of this reversal and/or the properties of the compounds which are responsible for this most unusual action.

The results with nitrite and thiocyanate raise the question as to whether the mechanism of action of these two inhibitors is the same.

The foregoing results should lead to a better understanding of thiocyanate inhibition of  $H^+$  secretion which in turn should throw considerable light on the basic mechanism of  $H^+$  production.

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## Factors in the Development of Experimental Ulcers

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**ABSTRACT** Clo ed sacs of bullfrog stomach ulcerated in the absence of exogenous  $\text{CO}_2$ , but only when  $\text{HCO}_3^-$  was absent from the nutrient solution. Open chests of stripped bullfrog mucosa bathed in 5 mM  $\text{PO}_4$  buffer nutrient solution and gassed with 100%  $\text{O}_2$  on N and 100%  $\text{N}_2$  on S showed much more profound decreases in  $\text{P D}$ ,  $\text{Isc}$  and  $\dot{A}$  when exposed to a mucosal pH of 2 than identically treated tissues with a nutrient Ringer's solution. In 95%  $\text{O}_2$ , 5%  $\text{CO}_2$  histamine stimulated frog mucosa withstood an imposed secretory pH of 2.25 for 6 hours or 120 mM  $\text{HCl}$  for 30 minutes far better than burimamide-inhibited mucosa. In vivo experiments in lightly anesthetized rabbit showed that resting stomachs (10 of 10) exposed to 120 mM luminal acid uniformly ulcerated whereas only 1 of 10 stomachs stimulated with histamine ulcerated. Measurement of the pH of the lamina propria with antimony microelectrodes during the latter experiments showed that the pH in the resting tissues decreased from 7.3  $\pm$  0.1 to 6.9  $\pm$  0.1 one hour after exposure to the luminal acid while there was no significant change in the pH in the histamine treated rabbits.

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Davis and coworkers (1,2) demonstrated that sacs of amphibian gastric mucosa almost uniformly ulcerated when treated with acetazolamide or when  $\text{CO}_2$  and  $\text{HCO}_3^-$  were removed from the incubating medium. These investigators suggested that the absence of  $\text{CO}_2$  caused sufficient alkalinization of the tissue to produce ulceration. The present studies were done to elucidate further not only the mechanism of ulceration in the absence of  $\text{CO}_2$  but also to gain further insight into the role of back diffusion of  $\text{H}^+$  in the pathogenesis of ulcers.

## Materials and Methods

In the experiments on amphibian tissue the gastric mucosa from Rana catesbeiana was used in either closed tubes or open sheets. The sacs of mucosa were made by removing the entire coat of muscularis propria while maintaining the mucosa as an intact tubular structure. After rinsing the lumen with 120 mM NaCl the ends of the tube were ligated with silk to exclude duodenum and esophagus. The tubes were gassed in a 20 ml bath with either 100% O<sub>2</sub> or 95% O<sub>2</sub> 5% CO<sub>2</sub> for 6 hours using differing nutrient solutions (see below) after which the sacs were opened and inspected under a dissecting microscope. Some of the tissues were fixed in 10% formalin and stained with hematoxylin and eosin.

To simulate as nearly as possible conditions within the sacs paired open sheets of bullfrog mucosa taken from the same frog were mounted between the halves of two separate lucit chambers. One half was gassed with 100% O<sub>2</sub> on both surfaces after mounting in an Ussing chamber while the other half mounted in a separate chamber was gassed with 100% O<sub>2</sub> on N and 100% N<sub>2</sub> on S. Each set of tissues was exposed to a nutrient solution of either mM phosphat (pH of 7.4 at end of experiment) or standard amphibian Ringer's solution containing 18 mM HCO<sub>3</sub> (pH 9.4 at end of experiment). After stabilization of the tissue for at least 30 minutes to ascertain viability and H<sup>+</sup> secretion the pH of the secretory solution was changed from 120 mM NaCl to a pH of 2.0 by the addition of concentrated HCl and the P.D., I<sub>sc</sub> and R were measured for 4 hours.

In a separate set of studies open sheets of bullfrog mucosa were mounted as described above but were gassed with 95% O<sub>2</sub> 5% CO<sub>2</sub> on both sides. The mucosal solution was 120 mM NaCl and the nutrient solution was amphibian Ringer's (18 mM HCO<sub>3</sub>) with 10 mM glucose but without histamine. In paired halves of tissue H<sup>+</sup> secretion was either completely inhibited with burimexide 4 mM or the tissue was allowed to secrete spontaneously. In some experiments after inhibition had been achieved histamine 4 X 10<sup>-4</sup> M was added to the nutrient solution and H<sup>+</sup> secretion began again. After stabilization

for 60 minutes the secretory solution was changed to and maintained at a pH of 2.25 for 3 1/2 hours. A solution of 120 mM HCl was kept on the secretory surface for 30 minutes. The acid secretory rate was measured using the pH stat technique (Radiometer Copenhagen, Denmark). The transmucosal potential difference (P.D.) was measured between two agar bridges (1 M NaCl in 4% agar) connected through calomel reference electrodes to a voltmeter and a recorder. A direct current was passed across the tissue between two other salt agar bridges in contact with Ag/AgCl electrodes. The tissue electrical resistance (R) was calculated from the change in P.D. at 0.5 seconds after passage of a 100  $\mu$ A current across the tissue. Correction was made for the R of the bathing fluid ( $\sim 45 \text{ ohms cm}^2$ ).

In lightly anesthetized rabbits the pH within the gastric wall was determined with an antimony microelectrode placed in the lamina propria with a micromanipulator after a button of serosa and muscularis propria had been excised. The lumen of the stomach was exposed to 150 mM NaCl during the control period and 120 mM HCl/30 mM NaCl in the experimental period. In half of the rabbits histamine (2.5 mgm/kilo/ml) was given intravenously to stimulate secretion.

## Results

In amphibian Ringer's (18 mM  $\text{HCO}_3^-$ ) and 100%  $\text{O}_2$  (final  $\text{pH}_N \sim 9$ ) only 1 of 10 sacs ulcerated whereas 8 of 10 sacs in 5 mM  $\text{PO}_4$  buffer and 100%  $\text{O}_2$  (final  $\text{pH}_N \sim 7.4$ ) had ulcers ( $p < 0.01$ ). In 100%  $\text{O}_2$  6 of 10 sacs ulcerated in unbuffered nutrient salt ( $\text{pH}_N \sim 8.5$ ), 3 of 10 with 25 mM  $\text{PO}_4$  buffer (final  $\text{pH}_N \sim 6.3$ ) and 4 of 10 with a different 25 mM  $\text{PO}_4$  buffer (final  $\text{pH}_N \sim 7$ ) had ulcers. Eight of 8 sacs gassed with 100%  $\text{O}_2$  in nutrient solution of HEPES buffer at pH 7.4 developed ulcers whereas only 5 of 8 ulcerated with HEPES buffer at pH 6.3. Only 1 of 10 control sacs in Ringer's and gassed with 95%  $\text{O}_2$ /5%  $\text{CO}_2$  ulcerated.

In the open heart experiments done to simulate the closed sacs the P.D., I<sub>sc</sub> and R of the tissues exposed to a nutrient solution

of amphibian Ringer's solution showed insignificant changes when the tissue was gassed on both sides with 100%  $O_2$  or in 100%  $O_2$  on M with 100%  $N_2$  on S. In sharp contrast, those mucosae in 5 mM  $PO_4$  nutrient solution showed highly significant decreases in P.D. and R which were especially marked when the secretory solution was gassed with  $N_2$  (Figures 1 and 2). None of the open sheet tissues ulcerated.

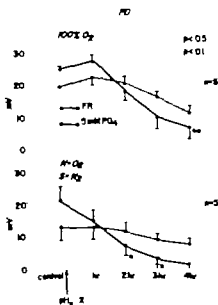
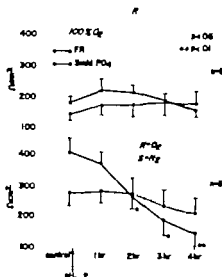


Figure 1. Changes in P.D. in isolated frog mucosa exposed either to 100%  $O_2$  in N and S or 100%  $O_2$  in N and 100%  $N_2$  in S. Values shown were obtained after initial stabilization with 120 mM NaCl on S and either 5 mM  $PO_4$  buffer or amphibian Ringer's (18 mM  $HCO_3^-$ ) on M. At point shown by arrow S was changed to pH 2.0.

Figure 2 Changes in  $R$  is related frog mucosae exposed either to 100%  $O_2$  in N and 5 or 100%  $O_2$  in N and 100%  $N_2$  in S. Values shown were obtained after initial stabilization with 120 mM NaCl on S and either 5 mM  $PO_4$  buffer or amphibian Ringer's (18 mM  $HCO_3^-$ ) on N. At point shown S was changed to pH 2.0



Exposure of the open sheets of frog mucosae to a secretory pH of 2.25 for 3 1/2 hours under otherwise standard conditions caused a highly significant drop in the P.D. (30  $\pm$  2.6 mV to 12.1  $\pm$  3.1 mV) and Isc (70  $\pm$  9.2 to 22.4  $\pm$  5.6 mEq/cm<sup>2</sup>) of those tissues inhibited with burinamide whereas no change in these measurements occurred in either the spontaneously secreting or histamine stimulated tissue. None of the mucosae showed a significant change in  $R$ . In the flat sheets exposed to 120 mM HCl for 30 minutes the spontaneously secreting tissues showed a small rise in P.D. and Isc without a change in  $R$  while the  $H^+$  secretion decreased slightly from 4.5  $\pm$  0.4 to 3.9  $\pm$  0.5 mEq/cm<sup>2</sup>/hr. The burinamide inhibited tissues however showed statistically highly significant decrements in P.D. ( $\Delta$ P.D. = 8.1  $\pm$  9 mV), Isc ( $\Delta$ Isc = 24.1  $\pm$  3.2 mEq/cm<sup>2</sup>) and  $R$  ( $\Delta$ R = 63.2  $\pm$  16.4 Ohms/cm<sup>2</sup>). In none of these open sheet experiments did the tissue ulcerate.

Exposure of the rabbit mucosa in vivo to 120 mM HCl for one hour was followed by ulceration of the fundic mucosa in 10 of 10 animals in the resting state whereas only 1 of 10 stomachs similarly exposed to 120 mM HCl ulcerated during stimulation with histamine. The pH of the lamina propria in 10 rabbits in the resting state decreased from  $7.3 \pm 0.1$  to  $6.9 \pm 0.1$  one hour after exposure to the acid while there was no significant change in the pH of the lamina propria of the histamine treated animals.

### Discussion

The experiments with the sacs of gastric mucosa suggest strongly that the removal of  $\text{CO}_2$  alone does not account for the ulceration which develops in the sacs. Rather it appears that it is the absence of nutrient  $\text{HCO}_3^-$  which is the common denominator in the ulcerated tissues.

There is little doubt that removal of  $\text{CO}_2$  from amphibian gastric mucosa causes a rapid rise in the pH of the tissue (3). However in the sac experiments of Davies and his coworkers (1, 2) only the tissues which secreted at vigorous rates ulcerated while those which secreted poorly or not at all did not develop ulcers. These workers and Turner (4) also showed that back diffusion of secreted  $\text{H}^+$  and its appearance in the nutrient medium tended to occur in the most severely ulcerated sacs. In addition Werther et al (5) showed that ulceration of the canine gastric mucosa after acetazolamide was related to an acceleration by the drug of luminal loss of  $\text{H}^+$  (5). It would appear therefore that it was the accumulation of  $\text{H}^+$  in the luminal content which was responsible for the ulceration of the tissue within the sacs. The presence of  $\text{HCO}_3^-$  in the nutrient solution may enable a tissue to withstand a greater load of luminal  $\text{H}^+$  since Hersey (3) has shown that alkalization of the nutrient solution with  $\text{HCO}_3^-$  causes a very clear rise in intraluminal pH.

Our data clearly indicate that a mucosa which did not vigorously secrete whether in vitro (frog mucosa treated with burinamide)

or in vivo (rabbit in the resting state) tolerates luminal acid very much less well than the histamine stimulated tissue. In support of the finding of electrical deterioration of inhibited tissues in vitro is the invariable ulceration found in the in vivo rabbit in the resting state. We believe that the marked decrease in measured pH of the lamina propria in the resting rabbit mucosa is the first clear demonstration in vivo of back diffusion of luminal H.

Our concept is that the gastric mucosa tolerates changes in intracellular pH but within limits (6.7-8.9). If the tissue becomes relatively acid because of inhibition of secretion as shown by Hersey (3) or ourselves (6) then luminal acidification or even acidification on the nutrient surface (10) becomes extremely detrimental. Whether mucosa ulcerates then will depend on its acid base balance which at least to some extent is influenced by the secretory state of the tissue. In addition the mucosal blood flow probably plays an important role in the ability of the mucosa to tolerate luminal H. In view of our own results in these studies with histamine stimulated rabbit mucosa and the results of Moody et al (11) reported at this meeting. The correlation of the presence or absence of ulceration in the rabbit experiments with changes in pH in the lamina propria suggests strongly that back diffusion of luminal H has indeed been demonstrated in vivo and that the ability of the mucosa to dispose of back-diffused H, whether by alkaline tide or increased mucosal blood flow is the most important factor in the pathogenesis of ulcer.



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## Micropuncture Studies Using the Amphibian Fundic Gastric Mucosa, in Vitro

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**ABSTRACT:** Microelectrodes were used to measure the membrane potential from the surface or oxyntic cells of amphibian gastric mucosa in vitro; also recorded were transmucosal electrical resistance and ratio of cell membrane resistances. Mecholyl added to a *Necturus* mucosa not secreting acid produced an effect on the surface cell that could be explained by increasing the  $E_{Cl^-}$  on the nutrient membrane. The effects of mecholyl on the oxyntic cells could be explained by an increase in  $E_{Cl^-}$  on the secretory membrane. These effects could be blocked by atropine and were not observed in  $Cl^-$  free solutions. The effects of  $SCN^-$  on *Necturus* not secreting acid could be explained by changes in  $E_{Cl^-}$  on the secretory membrane of the oxyntic cell. In the  $Cl^-$  *Rana pipiens*  $SCN^-$  effects could be explained by a reduction in  $E_{H^+}$  on the secretory membrane of oxyntic cells.

**Introduction:** The objective of the present study was to determine the location of the voltage or resistance changes in the gastric mucosa. When using microelectrodes to estimate intracellular potentials or transmembrane resistance it was desirable to establish experimental conditions in which the parameters change at a fast rate i.e. 5 to 20 mV/min or 25 to 100  $\Omega^2$ /min. Several conditions met these criteria: 1) Mecholyl  $10^{-6}M$  added to the nutrient (serosal) fluid of non-acid secreting *Necturus*. 2)  $SCN^-$  20 mM added to the secretory (lumen) solution of a *Rana pipiens* gastric mucosa that was secreting acid. These conditions will be explained later.

Several problems became apparent when micropuncture techniques were applied to the study of the electrophysiology of the stomach: multiple cell types and multiple cell layers;

spontaneous motility produced by the smooth muscles in the submucosa; mucous coat covering the surface of the lumen (greatly reduced visibility); measurement of a junction potential when the microelectrode tip was in the lamina propria. Even with these problems this technique produced data that could not be obtained with other procedures and the information can add to our understanding the mechanisms of acid secretion.

**Methods:** The animals were obtained weekly when available from commercial sources; the *Rana pipiens* were not available during the winter of 1977 and *Necturus maculosus* were used during that time period. The frogs were housed as previously described (1) and the *Necturus* were stored in distilled water tanks oxygenated and maintained at 18 C. The animals were fed fish food. The *Necturus* were maintained for at least three days at 23 C before being used in experiments.

The gastric mucosa was mounted in an in vitro chamber 1.23 cm<sup>2</sup> active area and bathed in the following: Nutrient solution (in mM/l) - 91 Na<sup>+</sup> 5 K<sup>+</sup> 1.5 Mg<sup>++</sup> 1.0 Ca<sup>++</sup> 75 Cl<sup>-</sup> 25 HCO<sub>3</sub> 5 glucose; Secretory solution (in mM/l) 91 Na<sup>+</sup> 5 K<sup>+</sup> 75 Cl<sup>-</sup> 10.5 SO<sub>4</sub><sup>==</sup> 5 glucose 10 sucrose. The solutions were oxygenated and circulated by 95% O<sub>2</sub> and 5% CO<sub>2</sub>. The experimental setup was described previously (2). The following parameters were measured simultaneously - V<sub>MN</sub> V<sub>MS</sub> V<sub>SN</sub> R<sub>T</sub> and R<sub>B</sub>/R<sub>M</sub>. M = Microelectrode N = Nutrient S = Secretory R<sub>T</sub> = transmucosal resistance R<sub>B</sub>/R<sub>M</sub> = ratio of membrane resistances. V<sub>MN</sub> indicated that the voltage was recorded from microelectrode in reference to the nutrient solution i.e. the nutrient solution served as the ground or reference point.

Microelectrodes (M.E.) were pulled by use of a two-stage puller and filled with 3 M KCl; the average tip resistance of the microelectrodes was 18 Meg  $\Omega$ . Differential amplifiers (W.P. Instrument Co. #750) were used and the outputs recorded on a four channel potentiometric paper recorder. The micropunctures were visualized by use of a dissecting microscope 40 to 120 X magnification using a 15 mm working

distance objective The criteria for a good perforation were as follows: less than 20% change in M E tip resistance during or after a perforation compared to the control; the voltages should return to control values after withdrawal of the M E tip Each value reported was from experiments in which the M E tip was in the same cell for the control and test period

Techniques for microperforation of a surface cell - The microelectrode was attached to a 3 M KCl agar bridge that made contact with 3 M KCl and a calomel electrode was connected to the amplifier The movement of the microelectrode was controlled by a micromanipulator and the tip of the electrode was viewed under the microscope With the tip of the M E in the secretory solution the  $V_{MN}$  equalled  $V_{SN}$  and  $V_{MS}$  was zero The M E tip was lowered under visualization and a cell was perforated and a simultaneous negative change recorded for  $V_{MN}$  and  $V_{MS}$

Techniques for microperforation of oxyntic cells -

(1) Histological sections of *Necturus* and *Rana pipiens* gastric mucosa were studied and the average depth of the oxyntic cells from the surface was estimated using a micrometer in the eyepiece of the microscope The average depth was 200  $\mu$  (range 100-300  $\mu$  depth) Microelectrodes were pulled; and with a micromanipulator and a catheter black acrylic dye thinned with acetone was injected to mark a spot 200  $\mu$  from the tip of the M E on the taper of the electrode This spot was approximately 10  $\mu$  in diameter and was visible as the M E tip was lowered to 200  $\mu$  depth in the tissue Since at this depth the microelectrode tip could be in an oxyntic cell or in the lamina propria other techniques were tried (2) Another approach was to use double barrelled M E One lumen of the M E was filled with 3 M KCl and used for the regular voltage recordings; a more stable reading was obtained than when the voltage was recorded from an electrode filled with dye The other lumen was filled with 2% Niagara Sky Blue 6B (C I 24410 #R754 Baker Chem Co) After a perforation the recordings were made with the 3 M KCl side;

the amplifier was shorted and current was injected through the side containing the dye. To facilitate this procedure another technique was added: a blunt electrode (10  $\mu$  tip diameter) was filled with lithium carmine (red dye) and two red spots were injected into the mucosa separated by a distance of about 10  $\mu$ . These red spots served as visual markers for the blue dye injections and aided in the handling of the frozen tissue. After an experiment the tissue was removed from the chamber, frozen and sectioned by use of a cryostat and the spots were located. (3) Still another procedure was tried that was much easier and less tedious. Recordings from  $V_{MN}$  and  $V_{SN}$  were amplified 4X to increase the sensitivity of  $R_T$  and  $R_S/R_N$ . The microelectrode tips were marked as described above with a paint spot at 200  $\mu$

from the tip; the tip was lowered and a change in  $R_S/R_N$  was observed. When the M E tip was in an oxyntic cell there was a measurable ratio of  $R_S/R_N$ ; this was not observed when the M E tip was in the lamina propria. To measure the junction potential when the M E tip was in the lamina propria two different types of experiments were performed: (a) the mucosa was scrapped and the M E tip was lowered to puncture an area free of cells. (b) the mucosa positions was reversed so as to place the submucosa upward and the M E punctured from the submucosal side. These two types of experiments produced generally the same results: i.e. average value of  $V_{MN} = -8.6$  mV in 35 punctures.

Results: Experiments using Necturus

Mecholyl effects— It has been shown previously that mecholyl produced a transient change in the transmucosal potential ( $V_{SN}$ ) and a reduction in the resistance (3, 4) but the effects on the oxyntic cell had not been reported. Mecholyl (B-methylacetyl choline)  $10^{-6}M$  was added to the nutrient solution of mucosae not secreting acid and the effects are shown in Table 1. Simultaneous experiments were performed using the pH stat technique and these animals were not secreting acid. The changes due to mecholyl could be blocked by atropine  $10^{-4}M$  or by replacing all the  $Cl^-$  in the

two bathing solutions with  $\text{SO}_4^{--}$ . Once a change in  $V_{\text{SN}}$  of approximately 8 mV was obtained then changing the solutions and adding mecholyl again produced no response (5)

Table 1

Location of M Electrode Tip	Condition	$V_{\text{HM}}$ (mV)	$V_{\text{HS}}$ (mV)	$V_{\text{SN}}$ (mV)	$R_T$ ( $\Omega \text{ cm}^2$ )	RB/RN	n
Oxyntic Cell	Control	-17.1	10.2	-27.3	770	8.4	7
	Mecholyl	-16.7	16.0	-32.7	560	6.4	7
	$\Delta^1$	0.4	5.8	-5.4	-210	-2.0	-
	+ SEM <sup>2</sup>	1.4	3.5	1.5	65	0.7	-
Surface Cell	Control	-52.8	-28.7	-24.1	855	5.6	11
	Mecholyl	-56.7	-28.0	-28.7	575	4.6	11
	$\Delta^1$	-3.9	0.7	-4.6	-280	-1.0	-
	+ SEM <sup>2</sup>	1.1	1.0	4.0	65	0.4	-

<sup>1</sup> Mecholyl - control values; <sup>2</sup> SEM of  $\Delta$  values

Significance at the 5% level; Significance at the 1% level

Experiments using *Necturus* and testing the effect of Mecholyl  $10^{-6} \text{ M}$  in the nutrient solution. The various  $\Delta$  values were tested using the t test (null hypothesis)

$\text{SCN}^-$  effects on *Necturus*—When  $\text{SCN}^-$  was added to *Necturus* gastric mucosae not secreting acid the results are summarized in Table 2. Note that the change in  $V_{\text{SN}}$  is in the opposite direction to that normally observed using *Rana pipiens* (6).

Experiments using *Rana pipiens*. Several laboratories over the past few years reported the effects of  $\text{SCN}^-$  on amphibian gastric mucosa and this led me to try to determine the site of action of  $\text{SCN}^-$  (7, 8, 9). Table 3 shows a summary of the results in which 20 mM  $\text{SCN}^-$  was added to the secretory solution of *Rana pipiens* secreting acid.

In all of these experiments the microelectrode was in a surface cell or an oxyntic cell for the control and test periods.

Table 2

Location of M Electrode Tip	Condition	V <sub>MN</sub> (mV)	V <sub>MS</sub> (mV)	V <sub>SN</sub> (mV)	R <sub>T</sub> ( $\Omega$ cm <sup>2</sup> )	RS/RN	n
Oxyntic Cell	Control	-20.5	12.0	-32.5	930	9.7	6
	SCN <sup>-</sup>	-19.8	8.5	-28.3	940	9.8	6
	$\Delta$ <sup>1</sup>	0.7	-3.5	4.2	10	0.1	-
	$\pm$ SEM <sup>2</sup>	0.5	1.3	1.5	8	0.2	-
Surface Cell	Control	-53.7	-24.9	-28.8	790	4.8	15
	SCN <sup>-</sup>	-53.2	-28.9	-24.3	770	4.8	15
	$\Delta$ <sup>1</sup>	0.5	-4.0	4.5	-20	0	-
	$\pm$ SEM <sup>2</sup>	1.0	2.2	1.6	25	0.2	0

<sup>1</sup>SCN<sup>-</sup> - control values; <sup>2</sup> $\pm$  SEM of  $\Delta$  values;

\* Significance at the 5% level; \* Significance at the 1% level

Experiments using the *Necturus* and testing the effects of SCN<sup>-</sup> 20 mM in the secretory solution. Histamine 10<sup>-4</sup> M was in the nutrient solution.

Table 3

Location of M Electrode Tip	Condition	V <sub>MN</sub> (mV)	V <sub>MS</sub> (mV)	V <sub>SN</sub> (mV)	R <sub>T</sub> ( $\Omega$ cm <sup>2</sup> )	RS/RN	n
Oxyntic Cell	Control	-14.0	17.4	-31.4	210	6.4	7
	SCN <sup>-</sup>	-12.7	28.9	-41.6	230	6.3	7
	$\Delta$ <sup>1</sup>	1.3	11.3	-10.2	20	-0.1	-
	$\pm$ SEM <sup>2</sup>	1.5	3.9	1.7	4	0.4	-
Surface Cell	Control	-50.6	-19.8	-30.8	215	5.6	6
	SCN <sup>-</sup>	-50.8	-10.0	-40.8	235	5.8	6
	$\Delta$ <sup>1</sup>	-0.2	9.8	-10.0	20	0.2	-
	$\pm$ SEM <sup>2</sup>	1.8	2.1	2.0	15	0.2	-

<sup>1</sup>SCN<sup>-</sup> - control values; <sup>2</sup> $\pm$  SEM of  $\Delta$  values;

\* Significance at the 5% level; \* Significance at the 1% level

Experiments using the *Rana pipiens* and testing the effect of SCN<sup>-</sup> 20 mM in the secretory solution. Histamine 10<sup>-4</sup> M was in the nutrient solution.

Discussion: The mecholyl effect on the surface cell indicated that this cell type was not completely passive. The  $R_g/R_N$  recorded for control vs mecholyl averaged 5.1 and the  $V_{MS}/V_{MN}$  was 0.2; these are not equal. Therefore the change in  $V_{MS}$  or  $V_{MN}$  could not be due to a voltage change produced by a change in current flow from the oxyntic cell. This was assuming the surface cell acted as a passive shunt for current generated by the oxyntic cell and this was not the case under these conditions. Mecholyl does not produce an observable effect using *Rana pipiens*.

The problem of determining when the microelectrode tip was in an oxyntic cell was a difficult one, but the depth measurement and resistance ratio method gave a fairly accurate and rapid method. With a possible junction potential of -8.6 mV,  $V_{MN}$  between 0 and -10 mV was not used; this restraint could put a bias on the values taken for the record.

The blocking effect of atropine suggests that the mecholyl was mediated by a cholinergic pathway. The fact that the mecholyl effect was not observed in  $Cl^-$  free media indicates that the response was due to a change in  $Cl^-$  transport or  $Cl^-$  permeability.

With the *Necturus* not secreting acid, the addition of  $SCN^-$  resulted in a change in  $V_{SN}$  becoming more positive; normally with the addition of  $SCN^-$  to a *Rana pipiens* mucosa secreting acid, the P.D. became more negative. With no  $H^+$  secretion but with  $Cl^-$  transport, the  $Cl^-$  EMF was influencing the secretory membrane of the oxyntic cell. These results indicated that  $SCN^-$  reduced the  $E_{Cl^-}$  on the secretory membrane of the oxyntic cell in non-acid secreting *Necturus*. The results using *Rana pipiens* were as would be predicted assuming a separate site for  $H^+$  and  $Cl^-$  transport for the effects of  $SCN^-$  on the  $E_{H^+}$  located on the secretory membrane of the oxyntic cell.

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## Stimulation and Inhibition of Acid Secretion in the Isolated Guinea Pig Gastric Mucosa

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A method to study pharmacological effects of various substances on acid secretion from the isolated guinea pig gastric mucosa has been developed (1)

Male and female guinea pigs have been used After sacrificing the animals the stomach is rapidly taken out and pieces of the acid secretory portion are mounted on the end of plastic funnels The outer muscular layer is carefully stripped off The mucosal preparation is then immersed into an organ bath containing a buffered nutrient solution Compounds tested are added to this medium To the mucosal side is added a non-buffered solution allowing continuous pH-determination and titration

By adding various compounds to the nutrient solution their effect on acid secretion from the mucosal preparation can be studied

In a first series histamine was added in gradually increasing doses and cumulative dose-response curves were constructed (1) By pretreatment with an  $H_2$ -receptor blocking agent metiamide the dose-response curves for histamine were displaced to the right in a parallel manner without affecting the maximal histamine response Calculations of the dissociation constant have shown that metiamide and histamine interact by a competitive mechanism in the present preparation

In another series of experiments the mucosae were pretreated with a substituted benzimidazole (H 63/88) which has been found to be a potent inhibitor of histamine stimulated

acid secretion in vivo (to be published) Following administration of gradually increasing doses of histamine no parallel displacement was observed but a significant dose-dependent depression of the maximal histamine in four experiments. The data suggest that H 83/88 inhibits histamine stimulated acid secretion by a non-competitive mechanism and thus showing an antisecretory pattern different from that of  $H_2$ -receptor antagonists.

Following administration of the dibutyrylic form of cAMP to the nutrient medium a small stimulatory effect was observed. However, after pretreatment with theophylline ( $10^{-3} M$ ) which by itself did not affect the secretory rate, the acid response to db-cAMP was significantly increased (Fig 1).

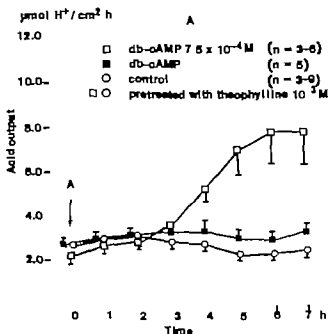


Fig 1 The effect of dibutyryl-cAMP before and after pretreatment with theophylline on acid secretion from the isolated guinea pig gastric mucosa.

The present data suggest that db-cAMP is a stimulator of acid secretion from the isolated guinea pig mucosa which is in agreement with data from other species (2 3 4)

In another study it was found that the acid response to histamine was increased following theophylline treatment (Fig 2). Our results are in agreement with the findings in similar experiments on the isolated rabbit mucosa (3). These data indicate that cAMP is a link between the histamine receptor and the  $H^+$ -output and that inhibition of phosphodiesterases by theophylline facilitates the secretory mechanism activated by low amounts of intracellular nucleotide

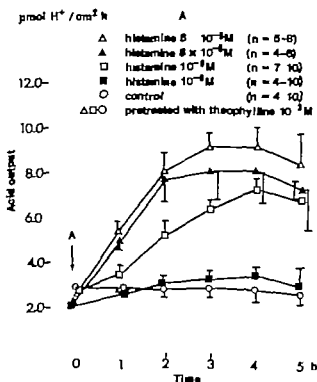


Fig 2 The effect of histamine before and after pretreatment with theophylline on acid secretion from the isolated guinea pig gastric mucosa

In a preliminary study acid secretion was stimulated by db-cAMP ( $10^{-3}$  M) following theophylline pretreatment. Administration of metiamide ( $10^{-5}$  M) did not change the acid response to db-cAMP in agreement with the concepts that metiamide interferes with  $H_2$ -receptors presumably localized on the outside of the parietal cell and that db-cAMP stimulates acid secretion by an intracellular mechanism.

After administration of the substituted benzimidazole (H 83/88) ( $10^{-5}$  M) a decline in the acid secretory response to db-cAMP was observed (Fig 3). The present data may indicate that H 83/88 exerts its inhibitory action at a site peripheral to the  $H_2$ -receptor and at a later stage than the cAMP step in the parietal cell.

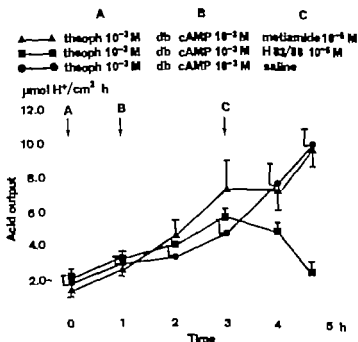


Fig 3 The effects of metiamide and H 83/88 on dibuturyl-cAMP induced acid secretion from the isolated guinea pig gastric mucosa

The present technique may be of value for studying the interaction between various physiological and pharmacological stimuli and inhibitors

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## Cellular Mechanisms of Gastric Hypersecretion in Pylorus-ligated Rats

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**ABSTRACT:** The effects of epinephrine, theophylline, Degranol<sup>R</sup>, actinomycin D, tetracycline, ATP, ADP, AMP, cyclic 2,3'-AMP, cyclic 3,5'-AMP (cAMP) have been studied on the gastric secretory responses of pylorus-ligated rats; on the other hand the tissue levels of mucosa ATP, ADP, AMP, cAMP, lactate and pyruvate were measured. It has been found: 1 the gastric hypersecretion of pylorus-ligated rats could be inhibited dose-dependently by epinephrine, theophylline, Degranol<sup>R</sup>, actinomycin D, tetracycline, ADP, AMP, cyclic 2,3'-AMP and cAMP; 2 the plasma level of immunoreactive gastrin did not change in different times (2, 4, 7 and 16 hours) after pylorus-ligation; 3 the tissue contents of ATP, cAMP and lactate significantly decreased in 2, 4 hours after pylorus-ligation; while the tissue levels of ADP and AMP significantly increased in that time; 4 the increased tissue level of mucosa ADP in 4 hours after pylorus-ligation could be prevented by atropine, epinephrine, atropine + theophylline, epinephrine + theophylline, histamine; 5 the decreased mucosal level of cAMP in 4 hours after pylorus-ligation could be elevated by theophylline, epinephrine, atropine + theophylline, epinephrine + theophylline but not by histamine and histamine + theophylline. It has been concluded: 1 the increase of RNA synthesis depending on cDNA, DNA and protein translation to be needed for the development of gastric hypersecretion; 2 the gastric hypersecretion of pylorus-ligated rats is an ATP-dependent process; 3 the development of gastric hypersecretion associates with an increase of ATP transformation to ADP and with an decrease of ATP transformation to cAMP; while the blockage of gastric hypersecretion associates with a decrease of ATP transformation to ADP and with an increase of ATP transformation to cAMP; 4 an extra- and intracellular feed-back mechanism exists between the ATP-ADP (membrane ATPase) system and ATP-cAMP (adenylate cyclase) system of gastric mucosa in time of development of gastric hypersecretion.

The gastric hypersecretion of rats is developed by



pylorus ligation (1 2 3) This model is widely used method by pharmacologists and gastroenterologists to study the mechanism of gastric hypersecretion and its inhibition This model has been used by our work-team to approach the gastric secretory mechanisms and ulcer development (3-7)

In this paper the cellular mechanisms of gastric hypersecretion have been studied in pylorus-ligated rats The aim of this study was to approach the biochemical background of gastric hypersecretion in pylorus-ligated rats

#### MATERIALS and METHODS

The observations were carried out on both sexes of Wistar strain rats weighed 180 to 210 g The animals were fasted with water ad libitum for 24 hours before the examinations The pylorus-ligation was carried out under the light ether anaesthesia Each animal received 5 ml physiological saline solution immediately after the surgery to prevent the exsiccosis of animals

Different pharmacological and biochemical examinations were carried out:

1 dose-response curves were determined for epinephrine theophylline actinoycin D Degranol<sup>R</sup> tetracycline, ATP, ADP, AMP, cyclic 2,3-AMP and cAMP; on the other hand the effects of atropine, epinephrine and their different combinations with theophylline were studied on the gastric secretory responses in pylorus-ligated rats;

2 the following biochemical examinations were carried out: determination of tissue levels of ATP, ADP, AMP, cAMP, lactate and pyruvate in the fundic gastric mucosa The tissue level of ATP, ADP, AMP, lactate and pyruvate was measured by enzymatic way (Biochemical test Combination Boehringer Mannheim GMBH) The mucosal cAMP was determined by radioimmunoassay (Schwarz/Mann USA) The protein content was assayed by biuret reaction (8) The substrate levels were calculated in accordance to 1.0 mg mucosal protein;

3 the plasma level of immunoreactive gastrin was measured by radioimmunoassay (CEA-IRE-SORIN)

The animals in the different experimental groups were killed at different times (1 2 4 5 7 15 17 and 24 hours) after pylorus-ligation. The gastric volume was measured, the titratable acidity was determined by titration with 0.10 N NaOH to pH 7.0 using a pH-titrineter (Radelkis Budapest). The volume of gastric secretion was expressed in ml / 100 g body weight; the  $H^+$  output in  $\mu$ Eq/100 g body weight. The  $H^+$  concentration was expressed in mEq/liter.

The results are presented as means  $\pm$  SEM. The statistical analysis between the two groups was carried out by Student's *t* test; while the correlation analysis according to Fisher (9).

The following drugs were used for the experiments: actinomycin D (Chinoin Budapest), atropine (atropinum sulfuricum Biogal Debrecen), cAMP (Bigas Chemical Co. St. Louis), ADP (Reanal Budapest), ATP (Reanal Budapest), AMP (Reanal Budapest), cyclic 2',3'-AMP (Reanal Budapest), Degranol<sup>R</sup> (1,6-bis-/2-chloroethylamino/-1,6-dideoxy-D-mannitol) (Chinoin Budapest), epinephrine (Tonogen<sup>R</sup> Richter Gedeon Budapest), histamine (histamine dihydrochloricum Peramin<sup>R</sup> Chinoin Budapest), tetracycline (Tetran B<sup>R</sup> Chinoin Budapest).

## RESULTS

The volume of gastric secretion proportionally increases with the time after pylorus ligation; the  $H^+$  output reaches its peak at 7 hours while the  $H^+$  concentration decreases after 7 hr. followed the pyloric occlusion (Fig. 1). The time period signaled with arrow is an excellent one to study the developmental mechanisms of gastric hypersecretion and the possible ways to inhibit them.

The gastric hypersecretion of pylorus-ligated rats can be inhibited dose-dependently by actinomycin D (40, 400, 800 and 1000  $\mu$ g/kg), Degranol<sup>R</sup> (in doses of 0.4, 4 and 100 mg/kg), tetracycline (in doses of 4 and 40 mg/kg), epinephrine (in doses of 0.1, 0.4 and 1.0 mg/kg) and theophylline (in doses of 0.1, 0.2 and 1.1 mg/kg).

The tissue level of mucosal cAMP significantly decreased

at 2 hr after pylorus ligation which proceeded in time the significant increase of gastric hypersecretion (Fig 2)

The plasma level of immunoreactive gastrin remained at the same level before and after Shay-periods (Fig 3)

The mucosal levels of ATP, ADP, AMP, cAMP, lactate and pyruvate were measured in time of first period (0 to 4 hr) after pylorus ligation. The mucosal level of ATP, cAMP and lactate significantly decreased ( $p < 0.001$ ;  $n=26$ ); mean-

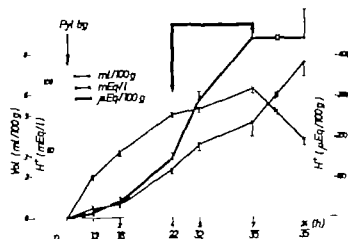


Fig 1 Secretory pattern of pylorus-ligated rats. The results are given as means  $\pm$  SEM.  $n$  indicates the number of animals. The abscissa shows the time after pylorus ligation.

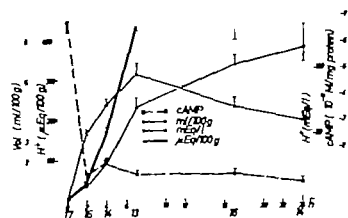


Fig 2 Correlation between the gastric secretory responses and the mucosal level of cAMP/expressed in pmoles per mg mucosal protein. The abbreviations are the same as in Fig 1.

Fig 3 Correlation between the gastric secretory responses and the plasma level of immunoreactive gastrin of pylorus-ligated rats. The abbreviations are the same as in Fig 1

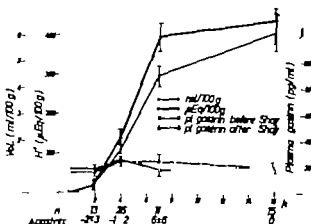
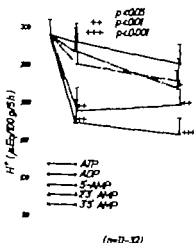


Fig 4 The effects of adenine nucleotides (ATP, ADP, cAMP, cyclic 2,3-AMP and AMP) on the gastric H<sup>+</sup> output of pylorus-ligated rats. The abbreviations are the same as in Fig 1



while the tissue level of ADP and AMP significantly increased ( $p < 0.001$ ;  $n=26$ ) in that time. When the correlation was analyzed between the mucosal ATP and gastric H<sup>+</sup> output then

a negative and mathematically significant correlation was obtained ( $r = -0.578$ ;  $p < 0.001$ ;  $n = 38$ ; regression line:  $Y = 121.35 - 0.11x$ )

The effects of theophylline atropine atropine + theophylline epinephrine epinephrine + theophylline histamine and histamine + theophylline were studied on the gastric  $H^+$  output mucosal levels of ADP cAMP, AMP (Table I) The gastric  $H^+$  output could be inhibited by theophylline atropine atropine + theophylline epinephrine epinephrine + theophylline The  $H^+$  output was significantly increased by histamine The transformation of ATP to ADP was significantly inhibited by application of all drugs The mucosal level of cAMP could be elevated by application of theophylline epinephrine and epinephrine + theophylline No elevation of mucosal cAMP was produced by histamine and histamine + theophylline AMP level could be significantly decreased by application of theophylline atropine + theophylline epinephrine + theophylline and histamine

The correlation analysis was carried out between the gastric  $H^+$  output and the tissue level of mucosal cAMP on the other hand between the gastric  $H^+$  output and the decrease of mucosal cAMP (deviation from the sham-operated group) at 2, 4 and 7 hr after pylorus-ligation These correlations were found to be not significant between the examined parameters in all times

The effects of adenine nucleotides were studied on the gastric  $H^+$  output in pylorus-ligated rats. A dose-dependent inhibition was caused by all adenine nucleotides (except of ATP) on the  $H^+$  output When the cAMP was together applied with a large dose of theophylline (1.1 mg/kg) then its inhibitory effect remained the same as it was caused by cAMP alone

#### DISCUSSION

The punctual mechanisms of gastric hypersecretion are unknown in pylorus-ligated rats. Some details of the suggested mechanisms (general biochemistry glycoproteins  $Mg^{2+}$ - $Na^+$ -

Table I The effects of theophylline (0.22 mg/kg), atropine (1.0 mg/kg), epinephrine (1.0 mg/kg) + theophylline (0.22 mg/kg), epinephrine (0.4 mg/kg) + theophylline (0.4 mg/kg) + theophylline (0.22 mg/kg), histamine (20.0 mg/kg) + theophylline (0.22 mg/kg) on the gastric H<sup>+</sup> output, tissue levels of ADP, AMP and cAMP in the gastric mucosa of pylorus-ligated rats. The gastric H<sup>+</sup> output (in  $\mu$ Eq/100 g body weight/4 hr), ADP (in pmol/g mucosal protein) and cAMP (in pmol/g mucosal protein) are expressed as means  $\pm$  SEM. n indicates the number of animals. The p values were calculated in comparison with the results obtained in the Shay rats (without drug).

Groups of animals	H <sup>+</sup> output	ADP	cAMP	AMP
Sham operated rats (n = 12)	-	13 $\pm$ 1	6.72 $\pm$ 0.37	4 $\pm$ 0.5
Shay rats (without drug) (n = 14)	167 $\pm$ 30	144 $\pm$ 10	1.32 $\pm$ 0.06	14 $\pm$ 2
Shay + theophylline (n = 14)	93 $\pm$ 14	36 $\pm$ 3.6 <sup>+++</sup>	2.19 $\pm$ 0.04 <sup>+++</sup>	5.1 $\pm$ 0.4 <sup>+++</sup>
Shay + atropine (n = 14)	28 $\pm$ 9.8 <sup>++</sup>	21 $\pm$ 2.3 <sup>+++</sup>	0.83 $\pm$ 0.03 <sup>+++</sup>	18 $\pm$ 0.8
Shay + atropine + theophylline (n = 14)	13.5 $\pm$ 13 <sup>+</sup>	12 $\pm$ 1.8 <sup>+++</sup>	1.09 $\pm$ 0.13 <sup>+++</sup>	8.4 $\pm$ 0.6 <sup>++</sup>
Shay + epinephrine (n = 14)	84 $\pm$ 3.4 <sup>+++</sup>	19 $\pm$ 0.7 <sup>++</sup>	2.44 $\pm$ 0.08 <sup>+++</sup>	11 $\pm$ 1.6
Shay + epinephrine + theophylline	24 $\pm$ 1.7 <sup>+++</sup>	9 $\pm$ 1.3 <sup>++</sup>	2.67 $\pm$ 0.15 <sup>+++</sup>	5 $\pm$ 0.5 <sup>+++</sup>
Shay + histamine (n = 15)	420 $\pm$ 85 <sup>++</sup>	12.5 $\pm$ 1 <sup>+++</sup>	0.53 $\pm$ 0.03 <sup>++</sup>	7.7 $\pm$ 0.2 <sup>+++</sup>
Shay + histamine + theophylline (n = 11)	225 $\pm$ 40	no tested	0.81 $\pm$ 0.03 <sup>+++</sup>	no tested

= p < 0.05      + = 0.01 > p > 0.001      + = p < 0.001

$K^+$ -dependent ATP-ase) have been studied in our prior works (3-5 10)

The drugs used for the present observations have different attack-places on the cells: actinomycin D inhibits the RNA synthesis depending on DNA. Degranol<sup>R</sup> inhibits the de novo synthesis of DNA while the transformation of proteins can be inhibited by tetracycline (see ref 11). The gastric secretory responses - in pylorus-ligated rats - can be inhibited by these drugs indicating that the increase of RNA synthesis depending on DNA and translation is needed to development of gastric  $H^+$  secretion in this hypersecretoric model. These results are in a good agreement with others previously published (3 4 12).

The development of gastric hypersecretion in pylorus-ligated rats is an ATP-dependent process which does not involve any increase of lactate level in the gastric mucosa.

The breakdown of ATP - at the level of cytoplasmic membrane - is present in two directions: transformation of ATP to ADP by membrane ATP-ase and 2 transformation of ATP to cAMP by adenylate cyclase. When the products of ATP breakdown were measured then these ways were approached by the experiments (Table I). The essential role of gastric mucosa  $Mg^{2+}$ - $Na^+$ - $K^+$ -dependent ATP-ase has been proven in pylorus-ligated rats (7 10). The production of membrane ATP-ase activity was measured as mucosal ADP. The transformation of ATP to ADP by the membrane ATP-ase can be inhibited by atropine, epinephrine, theophylline, histamine and by different combinations of above mentioned drugs and by surgical vagotomy (13). The transformation of ATP to cAMP can be stimulated by epinephrine, theophylline, probably by atropine (but the cAMP is transformed further to AMP in the time of atropine effect); but it cannot be stimulated by histamine and histamine + theophylline. Different conclusions have been drawn from these examinations: 1 the gastric  $H^+$  secretion in the pylorus-ligated rats depends on the ATP breakdown in the gastric mucosa; 2 the inhibition of

ATP transformation to ADP by atropine theophylline epinephrine and by combinations of atropine + theophylline and epinephrine + theophylline associates with the inhibition of gastric H<sup>+</sup> secretion; 3 the ATP transformation to ADP results a significant inhibition on the ATP transformation to cAMP in pylorus-ligated rats; 4 the inhibition of ATP transformation to ADP by different drugs (epinephrine epinephrine + theophylline theophylline probably by atropine + theophylline) results an elevation of mucosal level of cAMP; 5 the increased level of mucosal cAMP represents an inhibition on the gastric secretion ( in time of drug effects by epinephrine theophylline epinephrine + theophylline and probably atropine ); 6 the histamine effect does not depend on the transformation of ATP to ADP and on the ATP transformation to cAMP. The following results suggest it: a the mucosal level of ADP remains the same in the time of histamine effect; b the mucosal level of cAMP does not elevate after histamine application ( in time of increased H<sup>+</sup> output ); c theophylline does not stimulate the histamine effect on the gastric H<sup>+</sup> output; d the mucosal level of cAMP does not elevate by together application of histamine with theophylline.

Suggesting some correlation between the mucosal cAMP system and the gastric H<sup>+</sup> secretion the following criteria are needed to be present between them:

- 1 time order ( in both stimulation and inhibition );
- 2 mathematically closed correlation between the mucosal cAMP and the acid output;
- 3 mimic effect

These criteria were evaluated in the pylorus-ligated rats:

- 1 the peak of acid output in pylorus-ligated rats is in 7 hr after pylorus occlusion. The 4 hr was found to be suitable time to study the membrane ATP-ase system in order to physiological responses (10). In that time the mucosal level of cAMP extremely low in comparison with the sham-operated rats (Fig. 2). The mucosal level of cAMP can be



elevated by different drugs (epinephrine theophylline epinephrine + theophylline) but its level never can reach the value obtained in the sham-operated rats. It can be explained by that the ATP breakdown - in direction to ADP - represents an essential inhibition for the transformation of ATP to cAMP or by that the ATP can split to ADP because of the mucosal level of cAMP significantly decreased before;

2 no significant correlation was found to be present between the gastric  $H^+$  output and the mucosal level of cAMP or between the gastric  $H^+$  output and the decrease of mucosal cAMP at 2, 4, 7 hr after pylorus-ligation;

3 the cAMP has not a minor effect on the gastric  $H^+$  output because the cAMP itself inhibits it; all adenine nucleotides (except of ATP) caused a dose-dependent inhibition on the gastric secretion as in Kidder's observations (14).

There are different arguments to suggest the inhibitory effect of cAMP on the gastric secretion in pylorus-ligated rats: 1 theophylline which increases the mucosal level of cAMP inhibits the gastric  $H^+$  secretion; 2 epinephrine which also elevates the level of mucosal cAMP inhibits the gastric  $H^+$  secretion; 3 the mucosal level of cAMP significantly decreases before and in time of extremely increase of gastric  $H^+$  secretion; 4 cAMP itself (and other adenine nucleotides) inhibits (inhibit) the gastric  $H^+$  secretion; 5 the membrane ATPase system has an important role in the development of gastric hypersecretion and it can be inhibited by cAMP application (17). The suggestion for inhibitory effect of cAMP on the gastric  $H^+$  secretion is in a good agreement with results by Thompson et al. (18).

In our prior studies a feed-back mechanism system by different drugs and hormones has been suggested between the  $Na^+-K^+$ -dependent ATPase system and the adenylate cyclase system (19, 20). It seems that this feed-back mechanism system is present between the two -  $Na^+-K^+$ -dependent ATPase and adenylate cyclase - systems of the gastric mucosa in pylorus-ligated rats during the time (0 to 7 hr).

period after pylorus occlusion. The experimental bases to suggest it are the followings: 1 the gastric  $H^+$  secretion of pylorus-ligated rats is an ATP-dependent process; 2 the transformation of ATP to ADP represents a significant inhibition for the transformation of ATP to cAMP; 3 the drug effects are contraregulatory ones on the two systems; 4 the cAMP itself inhibits the gastric  $H^+$  secretion; 5 the drugs elevating the mucosal level of cAMP - in the same time - inhibit the transformation of ATP to ADP (theophylline, epinephrine, epinephrine + theophylline, atropine + theophylline); 6 the drugs inhibiting the gastric  $H^+$  output can inhibit the membrane ATP-ase activity from the rat and human gastric mucosa.

In the pylorus-ligated rats in which an extremely gastric hypersecretion is developed by pylorus ligation, no elevation (or any significant change) of immunoreactive gastrin was observed in the plasma of rats (Fig. 3). According to our opinion, no gastrin response is in the development of gastric hypersecretion of pylorus-ligated rats. These results are in a good agreement with our previously described observations: the gastric hypersecretion - in the pylorus-ligated rats - was found to be the same in presence or in absence of antrum (15, 16).

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## Interrelationships between the Cholinergic Influences, Gastric Mucosa $\text{Na}^+ - \text{K}^+$ -dependent ATPase, ATP, ADP, Ions of Gastric Juice and Basal Secretion in Patients

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**ABSTRACT:** The separations and measurements of the gastric mucosa  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase, ATP, ADP were carried out in humans with different basal acid outputs (BAO); on the other hand the effects of acetylcholine parasympatholytics were studied on  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase activity. It has been found: 1. a positive and mathematically significant correlations was found to be present between a BAO values ( $2.40 \pm 0.34$  mEq/h) (means  $\pm$  SEM) and the tissue contents of ATP in the gastric mucosa ( $472 \pm 42$  nmol/mg DNA value) ( $r = 0.63$ ;  $Y = 278x - 190$ ;  $n = 28$ ;  $p < 0.01$ ); b. BAO values ( $2.20 \pm 0.37$  mEq/h) and tissue contents of mucosa ADP ( $270 \pm 19$  nmol/mg DNA value) ( $r = 0.69$ ;  $Y = 138x - 36$ ;  $n = 28$ ;  $p < 0.001$ ); c. tissue contents of ATP ( $426 \pm 98$ ) and ADP ( $245 \pm 50$ ) ( $r = 0.99$ ;  $Y = 0.48x - 60$ ;  $n = 31$ ;  $p < 0.001$ ); d. gastric mucosa ATP ( $808 \pm 182$ ) and  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase activity ( $2.80 \pm 0.36$   $\mu\text{moles of P}_i$  / mg membrane protein / h) ( $r = 0.66$ ;  $Y = 0.001x - 1.94$ ;  $n = 32$ ;  $p < 0.01$ ); e. BAO values and  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase activity ( $p < 0.001$ ;  $n = 46$ ); 2. the transformation of ATP to ADP by the way of membrane ATP-ase is open to acetylcholine effect while it is inhibited by parasympatholytics. These results suggest a causal correlation between the gastric mucosa  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase, ATP, ADP, basal acid output and cholinergic influences in humans.

The active transport of sodium and potassium ions across the cell membrane is functionally associated with a closely membrane-bound ( $\text{Na}^+ - \text{K}^+$ -dependent or  $\text{Na}^+ - \text{K}^+$ -activated) ATP-ase (1-3). This enzyme can be inhibited by ouabain (4).

In animal observations the role of this enzyme system (cellular ATP-ADP) has been studied and its importance proven in order to relation of gastric  $\text{H}^+$  secretion (5,6). The  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase enzyme has been found to be

present in the human gastric mucosa (7-16) but its importance remained unknown from the point of gastric  $H^+$  secretion and pharmacological regulation

The aim of this study was to examine the correlations between the gastric mucosa  $Na^+-K^+$ -dependent ATP-ase activity ATP ADP basal acid output and cholinergic influences

#### MATERIALS and METHODS

The observations were carried out in patients with peptic ulcer who underwent gastric resection because of peptic ulceration These patients have not received parasympatholytics under 10 days before their operation

The basal acid output was measured by a continuous suction of gastric juice for a three hours period and the average per one hour was taken to be the final result for BAO The gastric juice was titrated with 0.10 N NaOH to pH 7.0 using a pH-titrimer indicating system (Radelkis Budapest) The gastric  $H^+$  secretion was expressed as mEq/hour The gastric juice was analyzed for ion composition: the sodium potassium and calcium were measured photometrically the chloride according to Hamilton (17) The concentrations of ions were expressed in mEq/liter values

The adenine nucleotides were extracted from the human corpus mucosa by 0.5 M perchloric acid and separated from each other by an ion-exchange (Dowex I 200 to 400 mesh) chromatography (1.5 cm high in a 20 cm column of 0.7 cm diameter) ATP and ADP quantities were measured by UV spectrophotometer (8.15.16) The tissue DNA was extracted by the method of Schmidt-Thannhauser (18) and its quantity measured by the sugar component (19) The tissue contents of mucosa ATP and ADP were expressed in nanomoles /  $\mu$ g DNA value

The membrane ATP-ase was prepared with differential centrifugation (20 000xg and 40 000xg) and treatment with 2.0 M NaI solution (7.11) The membrane ATP-ase activity was measured in an incubation system at 37°C by liberation of inorganic phosphorus ( $P_i$ ) followed the transformation of ATP to ADP (8) The  $Na^+-K^+$ -dependent ATP-ase activity was calcu-

lated as the difference between the total (obtained in presence of 2 mM  $Mg^{2+}$ , 80 mM  $Na^+$  and 33 mM  $K^+$ ) and  $Mg^{2+}$ -dependent (obtained in presence of 2 mM  $Mg^{2+}$ ) alone and expressed in micromoles of  $P_i$ /mg membrane protein/hour. The protein content was assayed by biuret reaction (20). The effects of different drugs were measured on  $Mg^{2+}$ -dependent and  $Na^+$ - $K^+$ -dependent ATP-ase activity. The drug -  $Na^+$ - $K^+$ -dependent ATP-ase interaction was analyzed according to Ariens, Simonis and van Rossum (21).

The following drugs were used for the observations: acetylcholine (Acetylcholine Chloride Fluka), atropine (Atropinum Sulphuricum Biogal Debrecen), isopropamide (2,2-diphenyl-4-diisopropylamino-methyl iodide Chinoïn Budapest), Gastrixon<sup>R</sup> (methyltropinium-broside-xanthene-9-carboxylate United Drug and Foodstuff Factory Budapest), ouabain (British Drug House).

The results are given as means  $\pm$  SEM. The correlation analysis was carried out according to Fisher (22).

# RESULTS

A positive and mathematically significant correlations has been found to be present between: 1. BAO values - mucosa ATP; 2. BAO values - mucosa ADP; 3. mucosa ATP - mucosa ADP; 4. mucosa ATP - mucosa  $Na^+$ - $K^+$ -dependent ATP-ase activity; 5. mucosa  $Na^+$ - $K^+$ -dependent ATP-ase activity - BAO values (Table I).

The Fig. 1 indicates the typical behaviour of membrane fractions from the human corpus mucosa. This type of membrane ATP-ase was used for further pharmacological examinations (Figs. 2 and 3).

In observations with parasympatholytics the intrinsic activity of atropine was taken to be equal to 1.0 and the effects of other parasympatholytics were compared with atropine effect (Fig. 3 and Table II). Both  $pD_2$  value and intrinsic activity of atropine is higher than those of isopropamide and Gastrixon<sup>R</sup>.

A positive and mathematically significant correlations has been found to be present between: a total chloride

Table I Correlations between the gastric mucosa constituents of patients with different gastric basal acid output (BAO)

Calculated correlation between	Regression line	r	n	p value
BAO ( $2.40 \pm 0.34$ ) (x) <sup>+</sup> mucosa ATP ( $472 \pm 42$ ) (y) <sup>++</sup>	Y = 278 x - 190	0.53	28	< 0.01
BAO ( $2.20 \pm 0.37$ ) (x) <sup>+</sup> mucosa ADP ( $270 \pm 19$ ) (y) <sup>++</sup>	Y = 139 x - 38	0.59	28	< 0.001
mucosa ATP ( $428 \pm 98$ ) (x) <sup>++</sup> mucosa ADP ( $245 \pm 50$ ) (y) <sup>++</sup>	Y = 0.48 x + 50	0.99	31	< 0.001
mucosa ATP ( $608 \pm 182$ ) (x) <sup>++</sup> Na <sup>+</sup> -K <sup>+</sup> -dependent ATPase ( $2.60 \pm 0.38$ ) (y) <sup>+++</sup>	Y = 0.001 x + 1.94	0.55	32	< 0.01
Na <sup>+</sup> -K <sup>+</sup> -dependent ATPase ( $3.78 \pm 0.28$ ) (x) <sup>+</sup> BAO ( $7.80 \pm 2.10$ ) (y) <sup>+</sup>	Y = 0.39 x + 0.49	0.88	45	< 0.001

+  $\Sigma \text{Eq} / h$  (  $\text{means} \pm \text{SEM}$  )  
 +++ =  $P_1$  (  $\mu\text{moleles} / \text{mg membrane protein} / \text{hour}$  )  
 ++ =  $\text{nmoleles} / \text{mg DNA value}$  (  $\text{means} \pm \text{SEM}$  )

Fig 1 Typical behaviour of membrane fractions from human gastric mucosa. The results are presented as means  $\pm$  SEM of liberated inorganic phosphorus ( $P_i$ ) (in micromoles / mg membrane protein / hour). n indicates the number of patients.

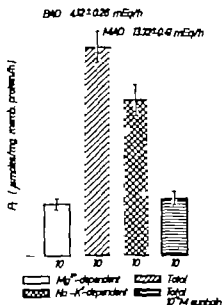
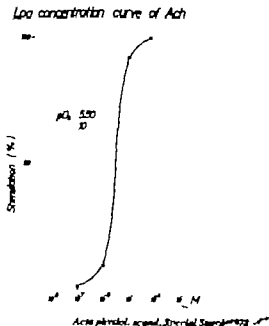


Fig 2 Log concentration dose-response curve for acetylcholine on the  $Na^+-K^+$ -dependent ATPase from the human gastric mucosa.





Cumulative dose-response curves for parasympatholytics

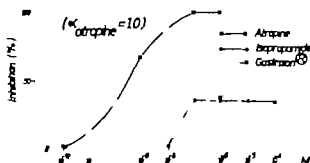


Fig. 3 Cumulative dose-response curves for parasympatholytics inhibiting the  $\text{Na}^+\text{-K}^+$ -dependent ATP-ase from the human gastric mucosa. The intrinsic activity ( $\alpha$ ) of atropine is taken to be equal to 1.0 on the  $\text{Na}^+\text{-K}^+$ -dependent ATP-ase activity. Each point represents the average of ten measurements (isopropamide:  $\text{R 2 2-diphenyl-4-diisopropylamino-methyl iodide}$ ; Gastrixon:  $\text{methyl-tropinium-bromide-xanthene-9-carboxylate}$ ).

Table II Values of affinities ( $\text{pD}_2$ ) and intrinsic activities ( $\alpha$ ) for parasympatholytics inhibiting the  $\text{Na}^+\text{-K}^+$ -dependent ATP-ase activity from the human gastric mucosa. The intrinsic activity of atropine was taken to be equal to 1.0.

Parasympatholytics	Affinity ( $\text{pD}_2$ )	Intrinsic activity ( $\alpha$ )
Atropine	9.50	1.00
Isopropamide	7.50	0.38
Gastrixon <sup>R</sup>	6.40	0.43

( $103.48 \pm 0.38$  mEq/l) (means  $\pm$  SEM) - H ( $30.15 \pm 3.50$ ) ( $r = 0.468$ ;  $n=32$ ;  $p < 0.01$ ;  $Y = 0.45x + 18.62$ ); b  $Ca^{2+}$  ( $4.18 \pm 0.82$ ) -  $H^+$  ( $29.67 \pm 3.54$ ) ( $r = 0.498$ ;  $n=31$ ;  $p < 0.01$ ;  $Y = 2.83x + 18.00$ ); c total chloride ( $103.48 \pm 3.60$ ) -  $Na^+$  ( $53.60 \pm 2.40$ ) ( $r = 0.405$ ;  $n=32$ ;  $p < 0.05$ ;  $Y = 0.27x + 25.69$ ); d neutral chloride ( $74.58 \pm 3.78$ ) -  $Na^+$  ( $53.60 \pm 2.40$ ) ( $r = 0.784$ ;  $n=32$ ;  $p < 0.001$ ;  $Y = 0.50x + 18.06$ ); meanwhile a negative and mathematically significant correlation was found to be present between: a  $Na^+$  ( $53.60 \pm 2.40$ ) - H ( $30.15 \pm 3.50$ ) ( $r = -0.41$ ;  $n=32$ ;  $p < 0.02$ ;  $Y = 62.42 - 0.80x$ ) and b neutral chloride ( $74.58 \pm 3.78$ ) -  $H^+$  ( $30.15 \pm 3.50$ ) ( $r = -0.501$ ;  $n=32$ ;  $p < 0.01$ ;  $Y = 64.70 - 0.48x$ ) in the gastric juice.

# DISCUSSION

Suggesting some correlation between the membrane ( $Na^+ - K^+$ -dependent) ATP-ase system and the gastric  $H^+$  secretion we must obtain reliable correlations between the enzyme activity, quantity of enzyme substrate (ATP), product of enzyme activity (ADP) in the human corpus mucosa and the gastric  $H^+$  secretion. Different requirements need to prove the causal correlation between them in humans:

A mathematically significant and positive correlation needs to be present between: a BAO values and tissue content of mucosa ATP; b BAO values and tissue content of mucosa ADP; c tissue contents of mucosa ATP and ADP; d tissue contents of mucosa ATP and mucosa  $Na^+ - K^+$ -dependent ATP-ase activity; e mucosa  $Na^+ - K^+$ -dependent ATP-ase activity and BAO values;

B the drugs affecting on the human gastric basal acid output can modify the  $Na^+ - K^+$ -dependent ATP-ase activity in *in vitro* circumstances (in the same direction as the drug effect on BAO).

These correlations have been proven in the present results (Aa; Ab; Ac; Ad) and in a previously published paper (12). These results indicate the following:

1 the increase of gastric BAO values is proportional one with the rise of corpus mucosa ATP;

2 the rise of BAO values runs parallelly with the increase of transformation of ATP to ADP by the way of  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase;

3 the higher tissue content of human gastric mucosa ATP associates with a higher transformation of ATP to ADP by the  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase;

4 the ratio of ATP/ADP remains about the same in the human corpus mucosa against the different extent of ATP transformation to ADP;

5 the results were calculated in accordance to 1.0  $\mu\text{g}$  DNA value which represents the same number of cells in the corpus mucosa. It has been concluded from that: the biochemical composition of cells in the human corpus mucosa is different in patients with hypacidity, normacidity and hyperacidity. This conclusion can give two more informations: a the gastric basal acid output depends - besides the number of parietal cells - on the biochemical activity of cells too; b the results of biochemical examinations frequently differ in animals and in patients.

From the study of drug effects on  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase from the human corpus mucosa the following have been concluded:

1 the transformation of ATP to ADP by the way of membrane ATP-ase is open to acetylcholine effect; while it can be inhibited by parasympatholytics;

2 the  $\text{pD}_2$  values and intrinsic activities for the parasympatholytic inhibiting the  $\text{Na}^+ - \text{K}^+$ -dependent ATP-ase activity from human corpus mucosa are very different.

The human gastric basal acid secretion depends on the cholinergic influences (no effect of beta adrenergic blocking agent was obtained on BAO). Probably the cholinergic effect on the human gastric secretory function depends on the number of receptors in both directions of stimulation and inhibition. The observations with large dose atropine ( $180 \pm 87$  ng given intravenously;  $n=13$ ) gave a good proof for this suggestion (23).

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Although a set of criteria have been suggested Veran  
(3) has pointed out that it is an obvious but ignored fact that  
only a trace of action could be established in order to identify  
criteria of identity of action and that  
of course

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us The second states that stimulation  
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synapse In the sections that follow  
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Identity of action

The question resolves itself into defining whether  
histamine has the same action as that of other measures  
that stimulate gastric acid secretion (gastrin vagal  
stimulation distension) Or more succinctly can histamine  
mimic the actions of gastrin or cholinergic agents?  
Although qualitatively there is little doubt quantitative  
differences exist One feature that may be fairly general  
is that in molar terms pentagastrin (gastrin) and in some  
instances cholinergic agents are far more potent than  
histamine in stimulating acid secretion The pentagastrin/  
histamine potency ratios are in the order of 100 for frog  
(4) 150 for rat (5) 100 for mouse (6) 500 for kitten  
(7) and 150 for cat dog and man (8) But reduced potency  
does not exclude histamine as a mediator since it is  
difficult to quantitate the amount of histamine actually  
released at the receptor site and which in fact may be  
several orders of magnitude greater Differences in the  
slopes of the dose response curves to histamine and penta-  
gastrin have been noted in rat (5) and mouse stomachs (6)  
James (5) felt that this difference in the slopes indicated  
different mechanisms of stimulation In both instances  
the response curve to histamine was steeper If penta-  
gastrin acted on the parietal cell indirectly by releasing

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## Histamine as the Final Common Mediator The View From the Fence

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**ABSTRACT:** Two essential criteria for identifying neurotransmitters are those of the identity of action and collectibility; and the same can be applied to resolve the controversial view that histamine is the final common local chemostimulator of the parietal cell. Whether in fact such criteria have been applied and to what effect are the themes of this paper.

Amongst the more enduring controversies in the field of gastric physiology the concept of histamine as the final common mediator deserves honourable mention. In 1938 McIntosh (1) argued that an attractive hypothesis which seems legitimate is that histamine is liberated within or near to the parietal cells as a result of stimulation of the vagus which nerve supplies these cells with secretory fibres and that the histamine thus liberated is responsible for the secretory activity of the cells. Code (2) later stated that stimulation of gastric secretion is a function of histamine. No other chemostimulator is interposed between histamine and the parietal cell. Histamine is the final common local chemostimulator of the parietal cells of the gastric mucosa.

Granted that the above proposition is true what kind of evidence would be necessary to confirm or reject it. The situation is somewhat analogous to the identification of a neurotransmitter at central or peripheral synapses.



Although a number of criteria have been suggested Werman (3) has noted that it is an obvious but ignored fact that only two criteria need be established in order to identify a transmitter: the criteria of identity of action and that of collectibility

The first criterion states that the actions of the putative transmitter must mimic faithfully those produced by the natural stimulus. The second states that stimulation must be accompanied by the release of the transmitter in the vicinity of the synapse. In the sections that follow the evidence gathered to satisfy the above two criteria will be reviewed.

#### Identity of Action

The question resolves itself into defining whether histamine has the same action as that of other measures that stimulate gastric acid secretion (gastrin vagal stimulation distension). Or more succinctly can histamine mimic the actions of gastrin or cholinergic agents? Although qualitatively there is little doubt, quantitative differences exist. One feature that may be fairly general is that in molar terms pentagastrin (gastrin) and in some instances cholinergic agents are far more potent than histamine in stimulating acid secretion. The pentagastrin/histamine potency ratios are in the order of 100 for frog (4), 150 for rat (5), 100 for mouse (6), 500 for kitten (7) and 150 for cat, dog and man (8). But reduced potency does not exclude histamine as a mediator since it is difficult to quantitate the amount of histamine actually released at the receptor site and which in fact may be several orders of magnitude greater. Differences in the slopes of the dose response curves to histamine and pentagastrin have been noted in rat (5) and mouse stomachs (6). James (5) felt that this difference in the slopes indicated different mechanisms of stimulation. In both instances the response curve to histamine was steeper. If pentagastrin acted on the parietal cell indirectly by releasing

histamine from a limited pool the slope of the dose response being a composite of two slopes would be different from that observed with histamine

A more serious objection relates to the maximal responses obtained with different stimulants. The stimulation of acid secretion by secretagogues can be regarded as analogous to enzyme substrate reactions which can be characterised by defined affinity constants and maximal velocities. If the maximal responses to different agonists are widely different it is difficult to imagine a common mechanism or a common agonist (9). The published data is however confusing. In rat with gastric fistulae (10) gastrin extracts were not only more potent but the maximal responses were greater. In man and cat the maximal responses were equal; in dogs with Pavlov pouches the responses were equal but in those with Heidenhain pouches the maximal gastrin response was less (11). Rosato *et al* (12) observed that in 3 out of 8 conscious monkeys histamine produced higher maximal responses than pentagastrin and the responses to histamine were less variable. Such studies underscore the difficulties in applying sophisticated analyses (Michaelis-Menten kinetics) to systems plagued with innumerable interacting variables.

Isolated tissues on the other hand have certain inherent advantages since complicating factors such as variable blood flows, nervous control or diffusion barriers can be either minimised or abolished. Kasbekar (4) showed that the isolated bull-frog gastric mucosa became refractory to repeated stimulation with pentagastrin or acetylcholine but that such refractory mucosae still responded to histamine. This could imply that pentagastrin and acetylcholine act on the parietal cell through histamine and that exhaustion of histamine stores leads to tachyphylaxis. In other isolated preparations e.g. isolated rabbit gastric glands (13) or the isolated piglet gastric mucosa (14) the responses to pentagastrin are either feeble or nonexistent. Michelangeli

(15) reported histamine and acetylcholine stimulation of a preparation of isolated oxyntic cells from the bullfrog; the preparation did not respond to pentagastrin. Isolated rat parietal cells however respond to histamine and synthetic human gastrin (16-17). Soll (18) showed that the oxygen uptake of a crude preparation of canine mucosal cells was increased by pentagastrin and urecholine but not by histamine; however morphological changes suggestive of secretion was produced by all three agonists (19).

The isolated monkey stomach stripped off its muscle coats responds to exogenous histamine in a dose-dependent fashion (Fig 1). The rates corrected for a chamber area of  $3.14 \text{ cm}^2$  are comparable to those observed with in vitro frog stomachs. The tissue also responds to pentagastrin; in 5 experiments the rates increased from zero to  $9.2 \pm 1.7 \text{ } \mu\text{eq h}^{-1}$  with  $10^{-6} \text{ M}$  agonist. However so far it has been difficult to obtain clear dose-response curves with pentagastrin. Occasional stomachs that did not respond to histamine did so after the addition of aminophylline ( $10^{-4}$  to  $10^{-6} \text{ M}$ ) which also potentiated in general the response to histamine. The preparation remains viable for 5 to 8 hours and appears suitable for studying secretagogue interactions.

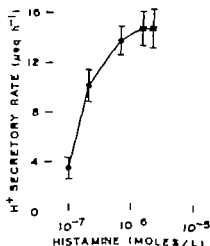


Fig 1 Cumulative dose response curve to histamine, isolated monkey gastric mucosa. Mean  $\pm$  SEM from 4 animals shown. Spontaneous secretions nil in each case.

### Collectibility

Many attempts have been made to establish the second criterion that of collectibility. If gastric stimulants release histamine from the gastric mucosa it is possible that this could be reflected in a reduced concentration of histamine in the gastric mucosa or an increased concentration in the gastric venous blood or in the gastric juice. With isolated preparations corresponding changes would occur in the serosal or luminal bathing fluids. Changes in total histamine content are likely to be least informative since small changes in large basal levels would be easily missed. Furthermore there could be histamine stores that are unrelated to acid secretion. Changes in the concentration of histamine in the gastric juice or luminal solutions necessitate the movement of histamine from the serosal to the mucosal side either through or between cells and here again the probability of demonstrating an increased leak seems low. An increased leak from the serosal side into the serosal bathing fluids or gastric venous blood seems more likely provided that histamine being released from sites other than the parietal cell acts on receptors located on the serosal surface of the parietal cell.

The methods generally used to show release of histamine have been either bioassay or fluorometry. In some instances the efflux of  $^3\text{H}$  or  $^{14}\text{C}$ -labelled histamine has been studied (20-21). In all cases where tissue or plasma levels are studied separation of histamine from interfering substances becomes essential to increase sensitivity and specificity.

Bioassay methods usually rely on the sensitivity of the guinea-pig ileum to histamine in concentrations as low as 5 ng/ml. The contractions can be specifically blocked by mepyramine (22). The procedures though simple sensitive and specific are tedious. Fluorometric methods are based on the observation (23) that histamine forms a fluorophore with O-phthalaldehyde (OPT); substances such as spermidine interfere and have to be eliminated (24). Refinements

have been made (25-26) that increase the sensitivity and the specificity of the method. Both Hakanson *et al* (25) and Lorenz *et al* (26) have proposed tests of identity for histamine, the most specific being degradation of the material by either purified histamine methyltransferase or diamine oxidase. To date, the fluorometric procedure when carried out carefully seems eminently suitable for measuring histamine release. Isotopic methods for estimating histamine in plasma have been developed (27-28) but do not appear to have been widely used by gastric physiologists, though the methods are sensitive enough to detect 0.3 ng/ml of histamine in plasma.

Some attempts to measure changes in the histamine content of the gastric mucosa or determine histamine spill-over into the serosal (gastric venous blood) or luminal (gastric juice) fluids have been tabulated (Table 1). Various methods of stimulating gastric secretion were used by the authors cited. These included for e.g. injection of gastrin, vagal stimulation, administration of carbachol, etc. (the original papers should be consulted for details). Both positive and negative reports have been included.

TABLE 1: CHANGES IN HISTAMINE LEVELS

Samples taken from	Positive reports		Negative reports	
	Animal	Ref	Animal	Ref
Serosal side	Frog	20, 29, 30	Dog	37, 38
	Man	31	Cat	39
Tissue	Frog	32	Frog	40
	Rat	33, 34	Man	37
		35, 36		
Mucosal side	Rat	21, 35	Dog	41
	Man	37	Cat	39
			Man	31

The table though far from complete emphasises the paucity of evidence in favour of histamine as the final mediator. Although some difficulties could be attributed to technical problems it is difficult to escape the conclusion that direct evidence is sound only for the frog and perhaps the rat. In the case of the frog not only do gastric stimulants increase the efflux of histamine but the chemical leaking into the serosal fluid is capable of stimulating acid secretion analogous to Loewi's original experiment with acetylcholine (29). The results even in the rat are sometimes controversial. Anres and Thompson (36) noted a decrease in mucosal histamine content only in sham operated rats not in Shay rats. In humans the report by Caridis *et al* (31) suffers from inadequate controls and also faulty statistics. Rapid inactivation of histamine may pose assay problems but even the use of an inhibitor of diamine oxidase (aminoguanidine) did not significantly change histamine concentrations in gastric venous blood (37). If as pointed out by Lake (42) N-methyl histamines are the active forms measurement of histamine *per se* may not be revealing.

But does the lack of direct evidence constitute grounds strong enough to reject the hypothesis of histamine as the final common mediator? If so is it worthwhile to continue to gather evidence? The answer to the first question is a guarded no and to the second a qualified yes. There is a considerable body of indirect evidence strongly suggesting the involvement of histamine as a link. Many of the recent studies have been based on the use of H-2 antagonists (see discussion section; Bunce *et al* (43)) which have radically transformed this field and even Grossman (44) one of the staunchest critics of the histamine mediator hypothesis states at one point the only plausible explanation now available for the action of H-2 antagonists against many different stimulants of acid secretion is that histamine is involved in the action of other stimulants. But he

continues on to state his preference for a receptor interaction hypothesis

Having studied the phylogenetic distribution of histamine Lorenz et al (45) point out that there appears to be a selective accumulation of the amine in the gastric mucosa of chordates possessing acid-secreting cells and argue that this implies a specific function for stored histamine. The precise function could however be different in different species. The case for histamine as the final mediator is strongest in the frog but as evolution progressed receptors for other hormones may have appeared on the parietal cell histamine continuing to play a permissive role. The evidence for such a view is scant at present. Perhaps a broad phylogenetic study designed to satisfy the twin criteria of identity of action and collectibility may provide some answers. And then again it may not - Nature has appeared to play several Enigma variations on the theme of histamine and in this instance we may well be watching the start of a somewhat elaborate fugue.

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## Stereospecificity of d Tetrahydrozoline at H<sub>2</sub>-Histaminergic and Alpha adrenergic Receptors

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**ABSTRACT** Two pharmacological actions of racemic tetrahydrozoline which are mediated by H<sub>2</sub> receptors its gastric secretagogue activity in isolated guinea pig stomach and its positive chronotropic effect in spontaneously beating guinea pig atria were due to the d isomer alone. The alpha adrenergic agonist activity of the drug as evidenced by its vasopressor action in anesthetized cats was also produced stereoselectively by d tetrahydrozoline.

Tetrahydrozoline (Figure 1) is a powerful pressor agent belonging to the imidazoline class of alpha adrenergic receptor stimulants (1,2). In common with other closely related sympathomimetic amines such as naphazoline and oxymetazoline tetrahydrozoline is widely used as a nasal decongestant. Recently Patil and co-workers (3) discovered that tetrahydro-

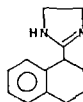


Figure 1 Tetrahydrozoline  
DL-2 (1,2,3,4-tetrahydro-1-  
naphthyl)imidazoline

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## RESULTS

The data in Figure 2 demonstrate that the positive chronotropic action of racemic tetrahydroxoline in spontaneously beating right atria from guinea pigs is due entirely to the d isomer. Both isomers depress sinus rate at low concentrations, an effect which is reversed by increasing concentrations of d tetrahydroxoline only.

Similarly, it was shown using the isolated guinea pig stomach that the gastric secretagogue activity of tetrahydroxoline is due mainly, if not entirely, to the d isomer, as may be seen in Figure 3. The l isomer appears to be a weak antagonist of its mirror image analog, with a  $PA_2$  value estimated at 4.8 based on a single dose ratio (Figure 4).

Thus, we concluded that the agonist action of dl tetrahydroxoline on atrial and gastric  $H_2$  receptors is a property

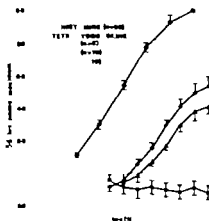


Figure 2 Positive chronotropic action of d tetrahydroxoline in spontaneously beating guinea pig atria in vitro. Data  $\pm$  S.E.

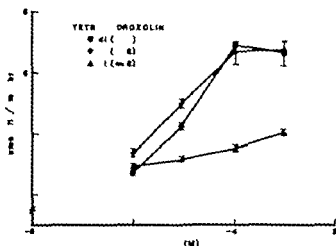


Figure 3 Secretagogue activity of d-tetrahydroxoline in isolated guinea pig stomach. Basal secretion ( $\pm$  S.E.) was (dl)  $2.0 \pm 0.2$ ; (d)  $2.3 \pm 0.2$ ; (l)  $2.7 \pm 0.1$ .

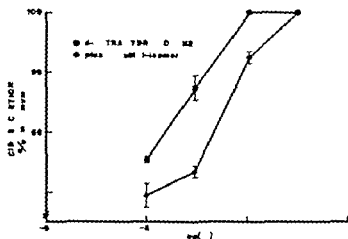


Figure 4 Inhibition of the gastric stimulant action of d-tetrahydroxoline in vitro by the l-isomer. Six pieces of guinea pig stomach were used: three control and three experimental, assigned at random.

of the d antipode. And in hopes that opposite stereospecificity would be found at alpha adrenergic receptors we tested the optical isomers of tetrahydrozoline on cat blood pressure. But alas the d isomer possessed virtually all of the drug's vasopressor activity as shown in Figure 5.

### DISCUSSION

The chirality of tetrahydrozoline has enabled us to demonstrate the stereospecific activation of  $H_2$  receptors by the d enantiomer. The tool at hand may prove useful in future investigations of histamine receptors as in the development of ligand binding assays for example. This is also the first published observation that the sympathomimetic activity of tetrahydrozoline is due to its d form. It may be a coincidence that the same antipode of tetrahydrozoline activates alpha adrenergic and  $H_2$  histaminergic receptors stereoselectively yet this fact flashes to mind the intriguing notion

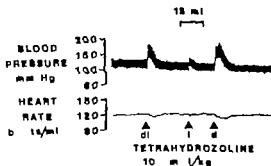


Figure 5 Typical example of the stereospecific effect of d tetrahydrozoline on femoral blood pressure and heart rate in the anesthetized cat (Chloralose 80 mg/kg i.v.)

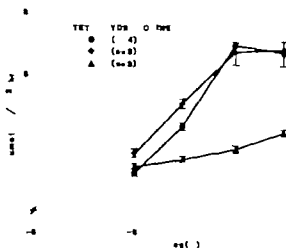


Figure 3 Secretagogue activity of d tetrahydrozoline in isolated guinea pig stomach Basal secretion ( $\pm$  S E ) was: (dl)  $2.0 \pm 0.2$  (d)  $2.3 \pm 0.2$  (l)  $2.7 \pm 0.1$

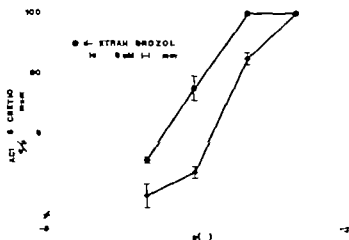


Figure 4 Inhibition of the gastric stimulant action of d tetrahydrozoline in vitro by the l-isomer Six pieces of guinea pig stomach were used three control and three experimental assigned at random

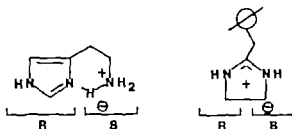


Figure 6 Hypothetical binding of histamine (left) and tolazoline (2 benzyl 2 imidazoline) to the  $H_2$  receptor R and B refer to the ring and side chain amino binding sites of histamine respectively

we know the absolute configuration of the optical isomers of tetrahydrozoline

Acknowledgment We thank Mr Nathan Belcher of Pfizer for the stereoisomers of tetrahydrozoline

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## Interactions between Intermediary Metabolism and Gastric $H^+$ Ion Secretion

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**ABSTRACT** The effects of gastric secretagogues on pyruvate oxidation were investigated in toad gastric mucosa. Theophylline but not histamine increased the rate of oxidation of labeled pyruvate; 60% of this increase was accounted for stimulation of the pyruvate dehydrogenase (PDH) complex. Tracer studies showed that pyruvate carboxylation was not significantly affected by histamine and theophylline. PDH activity of a mitochondrial extract was inhibited by ATP and stimulated by  $20\text{mM Mg}^{2+}$ , indicating that the gastric enzyme is subjected to regulation by phosphorylation and dephosphorylation. Theophylline  $10\text{mM}$  did not significantly change the tissue levels of ATP, ADP and the ATP/ADP ratio suggesting that the stimulatory effect of theophylline on PDH was not due to a decrease of ATP concentration. 4-Pentenoic acid sharply reduced the rate of oxidation of labeled octanoate. The respiratory and secretory responses to butyrate, theophylline and histamine were significantly inhibited by pretreatment with 4-pentenoic acid. This inhibition was partially overcome by addition of  $10\text{mM}$  pyruvate. The present results permit to suggest that activations of Beta-oxidation and pyruvate oxidation are involved in the mechanism of action of theophylline.

Recent experimental evidence strongly suggests that the action of secretagogues such as theophylline and histamine is mediated by intracellular 3',5'-cyclic adenosine monophosphate (cAMP) in amphibian gastric mucosa (1-4). The exact mechanism by which cAMP stimulates acid secretion is not known but current evidence indicates that the activation of oxidative metabolism plays an important role (5-8).

The observations of Alonso and col (9) that some exogenous fatty acids mimic the actions of secretagogues and the recent studies of High and Hersev (5) have led to the hypothesis that the Beta-oxidation is primarily involved in the mechanism of action of gastric secretagogues. On the other hand Harris and col (8) have shown that acid secretion and oxygen uptake by frog gastric mucosa in vitro are sharply stimulated by lipoic acid. Chacín and col (10) have also found that the pyruvate dehydrogenase complex of frog gastric mucosa is significantly activated by incubation with lipoate. Thus the stimulations of acid secretion and oxygen uptake produced by lipoic acid have been ascribed to the increase of pyruvate oxidation due to activation of the complex. These findings have led us to the question whether pyruvate oxidation is affected by gastric secretagogues or not. And the present study was undertaken in an effort to answer this question. In addition some inhibitory studies in relation to the role of Beta-oxidation are also presented.

#### METHODS

All experiments were performed in vitro on gastric mucosa from fasted Venezuelan toads (*Bufo marinus*). Oxygen uptake ( $\text{qO}_2$ ) and hydrogen ion secretion ( $\text{qH}^+$ ) were measured as previously described (8, 10, 11).

Production of  $^{14}\text{CO}_2$  from labeled pyruvate and octanoate was measured as follows: preweighed paired slices of tissue were incubated 2 hours at 30 C with 2 ml of nutrient solution pH 7.4 containing 0.2  $\mu\text{Ci}$  of the labeled compound.

Pyruvate was used at a final concentration of 10mM and octanoate at 1m. The incubation flasks were sealed after passing with 100%  $O_2$  and the evolved  $^{14}CO_2$  was trapped in 0.2 ml of Hyamine in a small glass vial placed in the center well of the flask. The incubation was terminated by an injection of 1 ml 2M  $H_2SO_4$  and the flask was shaken for 90 min. The small vial was then transferred to a counting vial with 10 ml Aquasol for liquid scintillation counting. Counts of two control flasks without tissue which were run simultaneously were subtracted from the total counts per min (CPM) of the flask with tissue.

The rate of pyruvate carboxylation was estimated in the intact tissue by measuring the total incorporation of label from  $H^{14}CO_3$  into Krebs cycle intermediates as previously reported (10).

The effect of theophylline on pyruvate dehydrogenase (PDH) activity was studied in the following manner: preweighed paired sections of gastric mucosa were incubated one hour at 30°C with 5 ml of nutrient solution with and without 10mM theophylline. At the end of incubation the tissue was quickly frozen in liquid nitrogen then pulverized with a stainless steel percussion mortar previously cooled in dry ice and finally homogenized with 5 volumes of 20mM potassium phosphate buffer pH 7.4. PDH activity was assayed in these homogenates by measuring the rate of formation of  $^{14}CO_2$  from (1- $^{14}C$ ) pyruvate (12) as described above. Each assay was performed by duplicate. The reaction mixture contained in micromoles: potassium phosphate buffer pH 7.4 100,  $Cl_2H_2$

2  $\text{NAD}^+$  5; coenzyme A 0.5; thiamine pyrophosphate 0.4 L-cysteine-HCl 6 (1- $^{14}\text{C}$ ) pyruvate 4 (0.2  $\mu\text{Ci}$ ) and 0.4 ml of enzyme in a total volume of 2 ml. The flasks were incubated with shaking for 20 min at 37°C. A blank without enzyme was also run simultaneously and its radioactivity was subtracted from the experimental flasks.

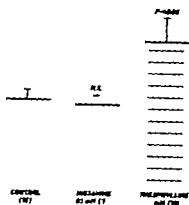
The effects of ATP and  $\text{Mg}^{2+}$  on PDH activity were also studied. In these experiments the enzymatic material used was a mitochondrial extract prepared as previously reported (10) and the PDH activity was assayed by monitoring NADH formation at 340 nm with a recording spectrophotometer (10). The protein concentration was measured by the method of Lowry and colleagues (13) with bovine serum albumin as a standard.

The effects of theophylline stimulation on tissue levels of ATP and ADP were investigated in chambered mucosae. Theophylline  $10\text{mM}$  was added to one of two mucosae when the rate of spontaneous acid secretion had dropped below one  $\mu\text{Eq}/\text{cm}^2/\text{hr}$ . An hour later both mucosae were rapidly frozen in liquid nitrogen. ATP and ADP were then extracted and assayed spectrophotometrically following the methods of Williamson and Corkin (14). Hexokinase and glucose 6-phosphate dehydrogenase were used for ATP and pyruvate kinase and lactic dehydrogenase for ADP.

## RESULTS AND DISCUSSION

The incubation with  $10\text{mM}$  theophylline increased the rate of  $^{14}\text{CO}_2$  formation from (2- $^{14}\text{C}$ ) pyruvate by 50% over that of control mucosae whereas  $0.1\text{mM}$  histamine had no significant

Fig 1 Effects of histamine and theophylline on  $^{14}\text{CO}_2$  - production from (2- $^{14}\text{C}$ )pyruvate. Vertical line on top of bars represents one standard error



effect (Fig 1). These results indicate that theophylline stimulates pyruvate oxidation in toad gastric mucosa. The observation that histamine did not affect pyruvate oxidation was an unexpected finding according to the common mediator (cAMP) hypothesis. The exact reason for these different results is not known but there are some possible explanations. Histamine is assumed to act on a membrane-adenyl cyclase (3) while theophylline on an intracellular phosphodiesterase (2). Thus one possibility is that these agents might affect different intracellular compartments of cAMP. Additionally they might affect intracellular cAMP levels in different degrees.

pmoles  $^{14}\text{CO}_2$  / 30 sec

Fig 2 Outside effects of various concentrations of exogenous pyruvate on label incorporation from  $\text{H}^{14}\text{CO}_3^-$ . Inside: reciprocal plot of velocity of incorporation and exogenous pyruvate concentration

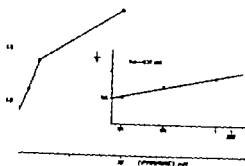


TABLE 1 Effects of theophylline ATP and a high concentration of  $MgCl_2$  on PDH activity

Additions (n)	PDH activity %
None (13)	100
Theophylline 10mM (4)	133 $8 \pm 4$ *
ATP 0.3mM (5)	60 $9 \pm 7$ *
$MgCl_2$ 20mM (4)	149 $1 \pm 5$ 9 *

The effect of theophylline was examined as described in METHODS. The effect of ATP was determined by incubating for 30 min at 30°C the following mixture: 40mM potassium phosphate buffer pH 7.4, 1.3mM L-cysteine, 1mM  $MgCl_2$ , 0.3mM ATP, and 0.4 ml of a mitochondrial extract in a total volume of 0.6 ml. After incubation, PDH activity was assayed spectrophotometrically in a 0.5 ml aliquot of the incubation mixture. The effect of  $Mg^{2+}$  was tested in the same manner except that ATP was excluded from the incubation mixture and 20mM  $MgCl_2$  was used instead of 1mM. The control consisted of a similar mixture without ATP and  $MgCl_2$ . Values are means  $\pm$  S.E. \*  $P < 0.01$ .

The effect of theophylline on pyruvate oxidation was further examined. Pyruvate is metabolized in animal tissues by two main biochemical reactions:

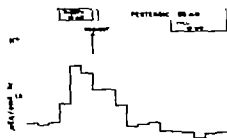


Fig. 3 Illustrative experiment showing the effect of theophylline (theoph) on  $pH^+$  in the absence and presence of 4-pentenoic acid





$K_m$  of 0.77mM was calculated (inside of Fig 2). This value is close to that of 0.4mM obtained with the isolated enzyme (10, 15). The effects of theophylline and other compounds on label incorporation are shown in Table 2. Theophylline alone decreased label incorporation by 36% as compared to the untreated mucosa. The rate of incorporation was similar in both pyruvate-treated and theophylline plus pyruvate-treated mucosae, thus suggesting that theophylline did not significantly affect the net incorporation in the presence of an excess of pyruvate. Pyruvate 10mM increased label incorporation by 58% and 161% compared with the control and theophylline-treated mucosae, respectively. The incorporation was not significantly changed by incubation with histamine and butyrate.

The above results could be explained on the basis of a competition between PDH and PC for pyruvate. Theophylline - could favor the flow of pyruvate through the PDH complex - thus reducing the availability of substrate for the PC reaction. A similar mechanism has been proposed to explain the effect of lipoic acid on pyruvate carboxylation (10).

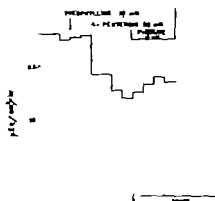


Fig. 5. Effect of pyruvate on pH in 4-pentenolate inhibited gastric mucosa. Acid secretion was stimulated from the beginning by addition of theophylline.

TABLE 2. Effects of various compounds on fixation of label from  $P^{14}CO_2$  by toad gastric mucosa

Treatment (N)	$P^{14}CO_2$ fixation ( $\mu$ moles/g w w )	P
Control (28)	$0.89 \pm 0.05$	
Pyruvate (8) 10mM	$1.41 \pm 0.21$	<0.025
Butyrate (6) 10mM	$0.94 \pm 0.01$	N S
Theophylline (14) 10mM	$0.57 \pm 0.05$	<0.001
Theophylline plus Pyruvate (9)	$1.49 \pm 0.15$	<0.005
Histamine (9) 0.1mM	$0.93 \pm 0.11$	N S

Values are means  $\pm$  S.E. N S (Not significant)

The finding that the stimulatory effect of pyruvate on label incorporation was enhanced in the theophylline-treated mucosa might be due to an increase of acetylCoA concentration which in turn might activate the PC enzyme. AcetylCoA is a well known positive modulator of PC in animal tissues (10).

In an effort to determine the mechanism by which theophylline stimulated the PDH system, the role of ATP was investigated. It has been shown that the PDH complex can be regulated by phosphorylation (inactivation) and dephosphorylation (activation) via a kinase and a phosphatase respectively (15-17). The PDH phosphatase is activated by high concentrations of  $Mg^{2+}$  and the kinase requires ATP and low concentrations of  $Mg^{2+}$ . Durbin and Michelangeli (18)

have also shown in frogs that the ATP/ADP ratio is significantly reduced in the histamine and theophylline-stimulated gastric mucosa. Therefore the theophylline stimulation of PDH might be due to a reduction of ATP concentration.

Table 1 shows the effects of ATP and 20mM  $MgCl_2$  on PDH activity of a mitochondrial extract from toad gastric mucosa.

Incubation with 0.3mM ATP significantly reduced PDH activity by 39% compared with aliquots incubated without ATP.

In contrast 20mM  $MgCl_2$  increased PDH activity by 49% above the control. These results appear to indicate that the PDH complex of toad gastric mucosa is also subjected to regulation by phosphorylation and dephosphorylation.

Table 3 shows the effects of theophylline on  $pH^+$  and the tissue levels of ATP and ADP. It can be observed that theophylline did not significantly change the tissue levels of ATP, ADP and the ATP/ADP ratio. According to these results the activation of PDH by theophylline can not be explained on the basis of a reduction of ATP concentration.

The effect might be directly mediated by cAMP. Activation of PDH by cAMP has been reported by some authors (12, 19).

However further investigation is needed to determine the exact mechanism by which theophylline stimulates PDH activity in toad gastric mucosa.

High and Hershey (5) have suggested that theophylline acts by mobilizing endogenous fatty acids and that the  $\beta$ -oxidation plays a specific and direct role in the secretion of acid by frog gastric mucosa.

TABLE 3 Effects of 10mM theophylline on  $qH^+$  and tissue levels of ATP and ADP

Condition (N)	$qH^+$ ( $\mu\text{Eq}/\text{cm}^2/\text{h}$ )	ATP (nmoles/g w w)	ADP	ATP/ADP
Control (16)	0.60 $\pm 0.14$	569.9 $\pm 88.2$	254.2 $\pm 36.9$	2.13 $\pm 0.43$
Theophylline (16)	2.60 $\pm 0.15^*$	484.8 $\pm 116.4^{**}$	290.0 $\pm 31.8^{**}$	1.75 $\pm 0.41^{**}$

Values are means  $\pm$  S.E.  $P < 0.001$  \* Not significant

In the present study theophylline stimulated pyruvate oxidation and PDH activity. In order to evaluate the relative contributions of pyruvate oxidation and Beta-oxidation in the mechanism of theophylline stimulation of acid secretion some inhibitory studies were conducted with 4-pentenoic acid an inhibitor whose major effect is on Beta-oxidation (20, 21).

4-Pentenoic acid 10mM produced a drastic inhibition (62%) on the rate of  $^{14}\text{CO}_2$  production from (1- $^{14}\text{C}$ ) octanoate, whereas 20mM 4-pentenoic acid produced only a small reduction (22%) on the rate of  $^{14}\text{CO}_2$  formation from (2- $^{14}\text{C}$ ) pyruvate and this change was not statistically significant (Table 4). These results seem to suggest that the major inhibitory effect of 4-pentenoic acid in toad gastric mucosa is on fatty acid oxidation.

The effects of 4-pentenoate on  $q\text{O}_2$  are shown in Table 5. In the 4-pentenoate treated mucosae the  $q\text{O}_2$  was significantly lower than in the control mucosae. Pretreatment with 20mM 4-pentenoate sharply reduced the  $q\text{O}_2$  responses to theophylline.

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High and Hersey (5) have suggested that theophylline acts by mobilizing endogenous fatty acids and that the  $\beta$ -oxidation plays a specific and direct role in the secretion of acid by frog gastric mucosa.

TABLE 5 Effect of pretreating gastric mucosae with 4-pentenoic acid on  $qO_2$  response to theophylline, histamine and butyrate

Pretreatment (N)	Addition	Oxygen uptake ( $\mu\text{L}/\text{mg}/\text{hr}$ )		SD
		Before	After	
None (20)	0	1.48 $\pm$ 0.11	1.48 $\pm$ 0.11	-0.33 $\pm$ 1.7
4-Pentenoate 20mM (12)	0	0.72 $\pm$ 0.03	0.69 $\pm$ 0.03	-5.04 $\pm$ 2.4
None (7)	Theophylline 10mM	1.35 $\pm$ 0.17	2.18 $\pm$ 0.24	63.6 $\pm$ 4.2*
4-Pentenoate (7)	Theophylline	0.87 $\pm$ 0.13	1.09 $\pm$ 0.19	24.4 $\pm$ 4.2*
None (13)	Histamine 0.1 mM	1.35 $\pm$ 0.10	1.91 $\pm$ 0.11	44.3 $\pm$ 3.9*
4-Pentenoate (8)	Histamine	0.93 $\pm$ 0.10	1.12 $\pm$ 0.19	14.8 $\pm$ 5.8**
None (4)	Butyrate 10 mM	1.48 $\pm$ 0.10	1.71 $\pm$ 0.08	15.6 $\pm$ 2.9*
4-Pentenoate (4)	Butyrate	0.84 $\pm$ 0.07	0.76 $\pm$ 0.07	9.2 $\pm$ 2.2 NS

4-Pentenoate was added at time 0. Other compounds were added at 90 min. Values are means  $\pm$  S.E. \*  $P < 0.001$  \*\*  $P < 0.025$  N.S. (Not significant)

Although the above results may suggest that pyruvate oxidation may be coupled and involved in the acid secretory mechanism, they stress the important role of the oxidation of fatty acids in the mechanism of theophylline stimulation of acid secretion.

#### ACKNOWLEDGMENTS

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## Intracellular pH and Gastric Acid Secretion

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**ABSTRACT:** Intracellular pH of isolated frog gastric mucosa was monitored using a pH indicator dye bromthymol blue with the spectrophotometric technique. Both thiocyanate (SCN) and imidazole (Im) block the stimulation of measurable acid secretion but only SCN blocks the typical alkalinization of intracellular pH. This observation supports the hypothesis that Im neutralizes pre-formed H-ion rather than inhibiting secretion. Inhibition of active secretion by SCN is associated with an acid shift of intracellular pH independent of the mucosal medium pH and this shift is blocked by Im. The effects of SCN and Im on secretion, intracellular pH and metabolic parameters are interpreted as supporting a two-step sequential model for H-ion translocation.

Gastric acid production is accompanied by an equivalent production of base which appears in the serosal extracellular fluid in the form of  $\text{HCO}_3^-$  (1,2). This base formation is generally accepted and presumably gives rise to the well known alkaline tide phenomenon. However the mechanisms responsible for the secretion of  $\text{HCO}_3^-$  are poorly understood. Thus the exact form of base generated during H<sup>+</sup> production has not been identified but is postulated to be either  $\text{HCO}_3^-$  or  $\text{OH}^-$  (3,4). In the case of the latter conversion to  $\text{HCO}_3^-$  is believed to occur by a neutralization reaction with  $\text{H}_2\text{CO}_3$  which arises from the hydration of  $\text{CO}_2$  (3). Similarly the site of  $\text{HCO}_3^-$  production has not been identified. Current hypotheses suggest that  $\text{HCO}_3^-$  is formed at an intracellular site and transported via an electrically neutral mechanism perhaps in exchange for Cl<sup>-</sup> into the serosal extracellular fluid (5,6,7).

Previous studies in our laboratory established the possibility of measuring intracellular pH in the intact functioning gastric mucosa by means of pH indicator dyes and the spectrophotometric technique (8,9).



The method basically involves incorporating an appropriate indicator dye in the case of these studies bromthymol blue (BTB) into the intact amphibian gastric mucosa and monitoring the change from acid to base form during various physiological transitions. BTB was incorporated into tissues by preincubation in the presence of the dye ( $5 \times 10^{-4} M$ ) for 1-2 hrs. Following the "loading" period excess dye was removed by successive replacement of the bathing media over a period of 2-3 hrs. This procedure serves to remove most of the extracellular dye but results in a significant amount of dye remaining in the tissue. The remaining dye is located largely at an intracellular site and is presumably bound to intracellular components. BTB washout curves show at least two components. The faster component with a half time of about 40 minutes may represent exchangeable dye from several compartments. The slow component had a half time of 174 min ( $SE \pm 11$  for 9 determinations) and by extrapolation to zero time contained  $62 \pm 2\%$  of the total tissue dye. This efflux rate is clearly too slow to be accounted for by simple diffusion. Interpretation of washout curves is always difficult but the slower component certainly indicates that a substantial proportion of dye is not freely diffusible i.e. it is bound. Localization of the major fraction of dye remaining after the rinsing period as intracellular was accomplished by examining BTB absorption changes associated with changing the pH and/or  $pCO_2$  of the bathing media. When the pH of the serosal bathing medium is increased by addition of  $HCO_3^-$  at constant  $CO_2$ , the BTB signal shows a rapid response ( $\tau_{1/2} = 40$  sec). This response is consistent with diffusional equilibrium of  $HCO_3^-$  in an extracellular space of thickness 0.5 cm in agreement with values previously determined for the serosal unstirred layer (10). The rapid response is followed by a much slower response which presumably corresponds to equilibration between extracellular and intracellular fluids. In contrast changes in  $CO_2$  tension result in a much larger BTB response for an equivalent pH change. Indeed a large BTB response is obtained when  $CO_2$  tension is changed even if the  $HCO_3^-$  is adjusted so as to prevent any change in medium pH. Thus we can identify a BTB containing space which is sensitive to  $CO_2$  changes in the absence of a pH change and is slow to equilibrate with  $HCO_3^-$  changes. It seems unlikely that such a space could correspond to anything other than an intracellular space and we conclude that at least a portion of the BTB is located intracellularly. Quantitatively the amount of

intracellular dye can be determined by measuring the total dye content and correcting for extracellular dye. Measurements of this type have shown that less than 10% of the dye content is accounted for by extracellular dye after the appropriate rinsing period.

The basic conclusion that can be drawn from these preliminary studies is that most of the BTB signal arises from intracellular dye and therefore we are indeed measuring intracellular pH rather than extracellular pH.

Previous studies (9) indicated that there is an alkaline shift in the intracellular pH associated with the onset of acid secretion and these observations were quantitatively confirmed (11). Thus the BTB signal appears to reflect the basic separation of H and OH occurring during acid production. Therefore the measurement of intracellular pH with BTB can under most conditions provide an independent index of the acid secreting status of the gastric mucosa. This capability has been utilized to gain further information on the mechanism of action of several agents which influence acid production. Of particular interest are the apparently selective agents thiocyanate (SCN) and imidazole.

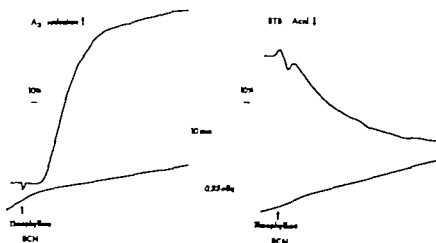
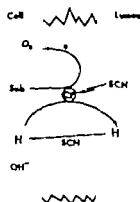


Fig. 1. SCN dissociation of metabolic and secretory actions of theophylline. Simultaneous addition of theophylline ( $1 \times 10^{-3} M$ ) and SCN ( $5 \times 10^{-3} M$ ) results in no increase or a slight inhibition of acid production. The cytochrome  $a_2$  signal (left) shows typical reduction indicating increased metabolic activity but the BTB signal (right) shows an acid response typical of secretory inhibition. Records were obtained on separate tissues from the same animal.



**Fig. 2** A model to explain SCN uncoupling action. Substrate (Sub) oxidation resulting in oxygen consumption is obligatorily linked by coupling factors (CF) to  $H^+$  translocation. SCN may act directly on the coupling factors or may modulate  $H^+$  re-entry into cell.

Previous studies have shown that SCN uncouples acid secretion from oxidative metabolism (12) i.e. SCN inhibits  $H^+$  secretion but does not inhibit or even increases respiration. Moreover at appropriate doses SCN also permits the typical reduction of respiratory chain components associated with secretory stimulation but prevents the increase in  $H^+$  production (13). The concept that SCN does prevent the fundamental separation of  $H^+$  and  $OH^-$  is supported by the observation that the alkaline shift of intracellular pH associated with theophylline stimulation is prevented by SCN (figure 1). The apparent uncoupling of acid production and metabolism could be explained in at least two ways: a true uncoupling or a shunting of  $H^+$ . These possibilities are illustrated in figure 2. In this schematic model  $H^+$  translocation is coupled to processes which oxidize a substrate and donate electrons to the terminal acceptor oxygen. SCN could be envisioned as acting on hypothetical coupling factors (CF) to remove the obligatory coupling and permit the metabolic reactions to occur without  $H^+$  movement. Alternatively SCN could act as a  $H^+$  shuttle or protonophore to allow secreted  $H^+$ -ions to re-equilibrate with cytoplasmic  $OH^-$ . In this case  $H^+$  secretion would actually be ongoing but few  $H^+$  would ever reach the mucosal medium to be measured by the pH electrode as actual secretion. Both mechanisms would effectively prevent  $H^+$  and  $OH^-$  separation and therefore prevent the usual alkaline shift of intracellular pH while permitting metabolic events to continue. At present a rigorous distinction between the two possibilities cannot be made. Earlier studies provided suggestive evidence that SCN acted as a true uncoupler rather than a protonophore. This evidence involved the observation that SCN increases tissue resistance (14) while a protonophore

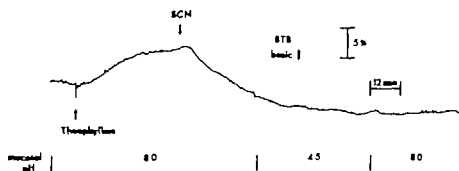


Fig. 3. BTB response to SCN at pH 8.0. Resting tissue was stimulated by theophylline ( $1 \times 10^{-4} M$ ) with mucosal pH at 8.0. Following BTB response SCN ( $1 \times 10^{-4} M$ ) was added to serosal side. After BTB response mucosal pH was changed to 4.5 and subsequently returned to 8.0 with no apparent change in intracellular pH.

mechanism would predict the opposite. In addition, if SCN acts as a protonophore we would anticipate that the intracellular pH would become sensitive to changes in mucosal pH. Changing the mucosal pH over a wide range (pH 4–pH 8) does not appear to influence intracellular pH as indicated by BTB in the presence or absence of SCN (figure 3). Moreover the acidification produced by SCN in association with secretory inhibition occurs just as well when the mucosal pH is 8.0 as when it is 4.5 (figure 3). These results indicate that SCN does not induce a  $H^+$  conductance between the lumen and cytoplasm. The possible conclusion that SCN acts as a true uncoupler however must be re-examined in view of some recent observations on the mechanism of secretory inhibition by imidazole and the interaction of this agent with SCN (15, 16).

The inhibition of acid secretion by imidazole was originally reported by Alonso Rynes and Harris (17) as a true inhibition possibly due to stimulation of cyclic nucleotide phosphodiesterase. More recently Sanders *et al.* (15, 16) have postulated that imidazole does not inhibit secretion but rather neutralizes the  $H^+$  as it is produced. Thus at pH 4.5 (below  $pK$  of imidazole)  $H^+$  secretion is not observed but at pH 8 (above  $pK$ ) secretion does occur in the presence of imidazole. We have confirmed the observations of Sanders *et al.* in that the apparent secretory rate in the presence of imidazole is dependent upon the pH of the mucosal medium (figure 4). The pH dependence of the apparent secretion is at least qualitatively consistent with pH-dependent neutralization

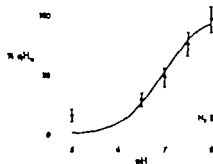


Fig. 4 pH dependence of imidazole inhibition of acid production. Tissues were stimulated to secrete with theophylline ( $1 \times 10^{-2} M$ ) and after obtaining an initial rate ( $qH_0$ ) with mucosal pH at 5.0 imidazole ( $2 \times 10^{-2} M$ ) was added to serosal medium. Mucosal pH was varied randomly over range of 5.0 to 8.0 and secretion measured. The values are mean  $\pm$  S.E. for 8 determinations. The point labeled  $M_2$  represents secretion at pH 8.0 with nitrogen anoxia. The solid line is a theoretical curve for imidazole dissociation.

process and appears to be a true secretion as evidenced by anoxia inhibition. Moreover addition of imidazole to tissues brought to secretory rest with metimide does not induce "secretion" even with the mucosal pH at 8.0 further showing that passive equilibration of imidazole cannot account for the observed acid production.

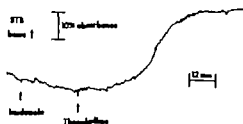
It is possible though unlikely that imidazole actually inhibits secretion but the inhibition is dependent upon the pH of the mucosal solution. To test this possibility we sampled the mucosal bathing medium during imidazole inhibition with the pH-stat set at pH's from 5.0 to 7.5. These samples were then titrated to pH 8.0. The amount of "titratable acid" was added to the observed acid production and the total acid formation compared to the rate of secretion before imidazole addition. Table 1 shows that the total acid was essentially 100% of the initial secretory rate at all pH settings. Finally figure 5 shows that imidazole with mucosal pH 4.5 prevents apparent acid secretion in response to theophylline but the alkaline shift of intracellular pH still occurs. This

TABLE I

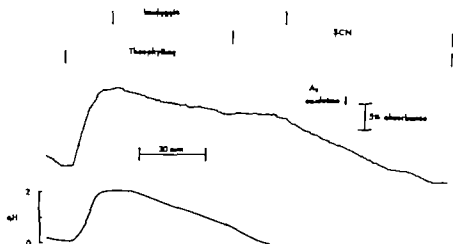
## Total Acid Production with Imidazole

pH	Measured	Titrateable Acid % Initial <sup>a</sup>	Total	<sup>a</sup> Measured acid is amount measured with pH stat set to pH value indicated; titrateable acid is measured by titration of medium to pH 8.0. total acid equals measured plus titrateable values are mean $\pm$ S.E. of 8 determinations. Initial acid production measured at pH 5.0 with $1 \times 10^{-2} M$ theophylline prior to addition of imidazole $2 \times 10^{-2} M$ .
7.5	76	33	109 $\pm$ 8	
7.0	48	53	101 $\pm$ 10	
6.5	29	62	91 $\pm$ 10	
5.0	16	87	103 $\pm$ 5	

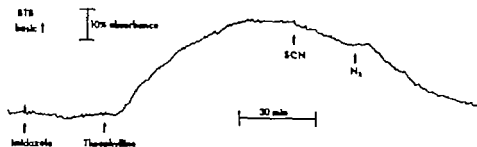
**Fig. 5** STB response to theophylline in presence of imidazole. Tissue was treated with metimide ( $1 \times 10^{-4} M$ ) to reduce spontaneous secretion and then exposed to imidazole ( $2 \times 10^{-2} M$ ) for 25 min prior to addition of theophylline ( $1 \times 10^{-2} M$ ). No acid secretion was measurable during the recording period with pH-stat set at 4.5



measurement indicates that  $H^+$  and  $OH^-$  are still being separated although  $H^+$  secretion cannot be detected by the pH-stat. It should be pointed out that although an alkaline response is observed the response is attenuated by addition of imidazole to the serosal medium. This attenuation is due at least in part to an intracellular buffering action of imidazole. However, since this buffering action is unrelated to the secretory inhibition (unpublished results) the attenuation does not alter the conclusions drawn from the experiment of figure 5.

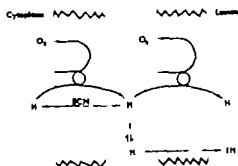


**Fig. 6** Cytochrome responses to theophylline, imidazole and  $SCN^-$ . Spontaneous secretion was inhibited with metimide ( $1 \times 10^{-4} M$ ) and the tissue restimulated with theophylline ( $1 \times 10^{-2} M$ ). After cytochrome signal and secretion had reached steady level, imidazole ( $1 \times 10^{-2} M$ ) was added to the serosal medium. Lower trace shows acid production ( $\mu eq/cm^2/hr$ ) with pH-stat set at 4.5.  $SCN^-$  ( $1 \times 10^{-2} M$ ) was added to mucosal solution. At point indicated, serosal solution was replaced to remove imidazole but  $SCN^-$  remains in mucosal solution.



**Fig 7** BTB response to SCN and anoxia in presence of imidazole. Spontaneous secretion was inhibited with metiamide ( $1 \times 10^{-4} M$ ) and imidazole ( $1 \times 10^{-2} M$ ) added to serosal medium. Tissue was re-stimulated with theophylline ( $1 \times 10^{-2} M$ ) but only a slight secretion (less than  $0.5 \mu\text{eq}/\text{cm}^2\text{hr}$ ) was observed with pH-stat at 4.5. SCN ( $1 \times 10^{-2} M$ ) was added to mucosal solution and tissue was made anoxic by switching to a nitrogen gas phase.

These results provide independent confirmation of the hypothesis that imidazole acts by neutralizing pre-secreted  $H^+$  rather than preventing  $H^+$  and  $OH^-$  separation. It is critical to recognize that the  $H^+$  imidazole interaction occurs after the  $H^+$   $OH^-$  separation in view of the recent finding by Sanders *et al* (15, 16) that imidazole prevents the inhibition of acid secretion by SCN. This rather surprising observation is extremely important because it indicates a site of interaction between SCN and imidazole. Again we have obtained independent confirmation of the imidazole block of SCN action. Figure 6 shows that in the presence of imidazole, SCN fails to produce its usual oxidation of cytochrome  $a_3$  (12). Likewise the SCN acidification of intracellular pH is greatly attenuated when imidazole is present (figure 7) although anoxia produces its usual



**Fig 8** A two barrier model for gastric acid production

acid response. Thus imidazole appears to interact with SCN so as to prevent or at least attenuate the usual actions of SCN on acid production, cytochrome redox state and intracellular pH.

A major assumption must be made concerning the interaction between SCN and imidazole. This assumption is that the interaction occurs at the same site as the normal inhibitory actions of these agents, i.e. the interaction occurs at the same site that SCN exerts its uncoupling effect and this site is where imidazole normally neutralizes the H<sup>+</sup>. The alternative is to postulate that imidazole blocks the SCN action by a mechanism which is essentially independent of its secretory neutralization mechanism. A distinction between these possibilities is not possible with existing data but represents an important goal for future investigation. If we accept the hypothesis of a common action interaction site, the present data provide strong support for a two-step sequential mechanism for H<sup>+</sup> secretion. Since the imidazole neutralization occurs after the H<sup>+</sup> and OH<sup>-</sup> separation, SCN must uncouple by allowing a recombination of H<sup>+</sup> and OH<sup>-</sup>, i.e. it must act as a protonophore. However, the increased H<sup>+</sup> permeability cannot occur between the cytoplasm and the lumen since resistance and intracellular pH measurements are not compatible with such a mechanism. Therefore, the proton gradient which is collapsed by SCN must occur between the cytoplasm and a compartment which is normally impermeable to H<sup>+</sup>, either from the lumen or the cytoplasm. Figure 8 illustrates one model which could account for most of the present data. The system involves two barriers and an intermediate compartment which could be in transmembranal or correspond to a membrane bound cytoplasmic structure. The first barrier, on the cytoplasmic side, would perform an initial separation of H<sup>+</sup> and OH<sup>-</sup> and this process is assumed to be coupled in some way to oxidative metabolism as evidenced by anoxia inhibition of secretion with imidazole. This barrier would also be the site of protonophore action by SCN. H<sup>+</sup> within the intermediate compartment is normally transferred across the second barrier by a specific conductive mechanism also assumed to be coupled to metabolic processes. It is within the intermediate compartment that imidazole neutralizes the H<sup>+</sup> and thereby prevents SCN from acting. The imidazolium ion is then capable of crossing the second barrier either by utilizing the same mechanism as the H<sup>+</sup> alone or by diffusing as a permanent cation. In the case of the latter, some reduction in energy metabolism would be expected in accord with the



original observation (17) that imidazole inhibits respiration. Additional details and modification of this model must await a complete investigation of various parameters influenced by SCN and imidazole; however, the present model seems to account for the major observations.

While alternative models are possible, they would deviate from the proposed one only in specific detail. Within the framework of the assumed common action-interaction site for SCN and imidazole, any model would have to include two barriers and an intermediate compartment. It is the testing of that assumption rather than the specifics of the model which would represent true progress in this area.

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## Microtubule Disrupting Agents and Gastric Secretion

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**ABSTRACT** The effects of microtubule disrupting agents colchicine and vinblastine and of microfilament disrupting agent cytochalasin B on acid and pepsinogen by in vitro preparations of bull frog gastric mucosa were studied. Vinblastine ( $10^{-5}$ – $5 \times 10^{-4}$  M) added to the serosal side inhibited both  $H^+$  and pepsinogen secretory rates in a dose-dependent manner. Colchicine (1–50  $\mu$ M) on the other hand transiently stimulated acid secretion over and above that obtained with supramaximal dose of histamine and then reversibly inhibited secretion. Unlike vinblastine colchicine thus exerts a biphasic effect on  $H^+$  rate. In resting mucosae colchicine alone in the absence of added secretagogues initially stimulated acid secretion and this was then followed by an inhibition as in spontaneously secreting mucosae stimulated with histamine. Cytochalasin B ( $10^{-5}$ – $10^{-3}$  M) was without effect on either  $H^+$  or pepsinogen secretion. The data suggest that microtubules but not microfilaments may be involved in gastric secretion although the relatively high concentrations of colchicine required for inhibition indicate that colchicine inhibition may also be mediated by non-specific interactions with the secretory cell plasma membrane.

The gastric secreting cell undergoes major ultrastructural changes when the resting stomach is stimulated to activity or the secreting tissue is brought to a resting state (1,2,3). Both mammalian as well as the amphibian cells have been shown to be characterized by such changes. Recent demonstrations of the presence of  $K^+$  stimulated ATPase in a purified microsomal fraction of gastric mucosa (4) and the association of this enzyme with vesicles involved in  $K^+$ - $H^+$  transport and thus possibly in  $H^+$  secretion (5,6) suggest the following two possibilities for the ultra

original observation (17) that imidazole inhibits respiration. Additional details and modification of this model must await a complete investigation of various parameters influenced by SCN and imidazole. However, the present model seems to account for the major observations.

While alternative models are possible, they would deviate from the proposed one only in specific detail. Within the framework of the assumed common action-interaction site for SCN and imidazole, any model would have to include two barriers and an intermediate compartment. It is the testing of that assumption rather than the specifics of the model which would represent true progress in this area.

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side. Both bathing solutions were gassed with 95% O<sub>2</sub> 5% CO<sub>2</sub> gas mixture. Histamine at 0.1 mM concentration was included in the nutrient bathing medium unless otherwise stated. Acid secretion was monitored by the pH stat method with the endpoint setting of 4.5. Pepsinogen secretion was determined by replacing the luminal bathing solution hourly and assaying pepsin activity in an aliquot of this solution by the method of Anson and Hirsky (17) as modified by Schlamowitz and Peterson (18). Pepsin activity is expressed as pepsin units (PU) (19). Pepsinogen levels in tissues were determined by homogenizing the tissue in 5 mM acetate buffer, pH 4.0 and measuring pepsin activity in an aliquot of 10 000 X g supernatant fraction of the homogenate. In all studies, one mucosal half was generally used as the control while the other half was incubated with an appropriate microtubule or microfilament disrupting agent added to the nutrient bathing medium.

In a few instances, ultrastructural studies were carried out on mucosal halves from the same epithelium. Both halves were stimulated with 10<sup>-4</sup>M histamine and one half treated with colchicine while the other was used as control. When the H<sup>+</sup> rate in the colchicine treated half declined to about 50%, both halves were fixed in 2% glutaraldehyde in 50mM cacodylate buffer, pH 7.4, post fixed in OsO<sub>4</sub>, embedded in epon and thin sections at tubular levels examined by transmission electron microscopy.

### RESULTS

#### Effects of vinblastine on H<sup>+</sup> and pepsinogen secretion

The effect of 0.5 mM vinblastine on H<sup>+</sup> rate and decline of mucosal pepsinogen content is shown in Figures 1 and 2 respectively. The effective inhibitory concentrations ranged from 10<sup>-5</sup> to 5 x 10<sup>-4</sup> M and the H<sup>+</sup> rate inhibition almost paralleled that of pepsinogen as ascertained from relatively constant PU/H<sup>+</sup> ratios (approx. between 6-8).

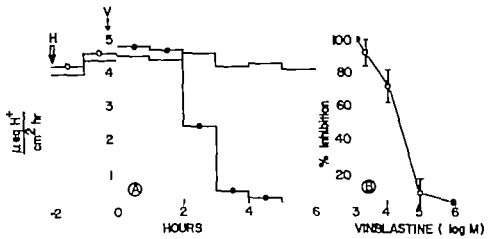


Fig 1 Vinblastine effect on H<sup>+</sup> secretion in histamine stimulated mucosal halves  
 A H<sup>+</sup> rate — histamine control (histamine added to both halves at H)  
 —•— vinblastine (5 x 10<sup>-4</sup> M added at V)  
 treated half  
 B Concentration dependence of H<sup>+</sup> rate inhibition % inhibition in each experiment was determined by setting the 5th hour H<sup>+</sup> rate of the control half arbitrarily to 100% and subtracting the corresponding H<sup>+</sup> rate of the vinblastine treated half as % of the control rate

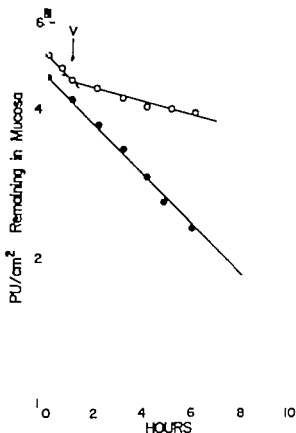


Fig 2 Pepsinogen loss from histamine stimulated mucosal halves and inhibition by vinblastine. Histamine (0.1 mM) was added to both halves and vinblastine to one half at 'H' and 'V' respectively. Mucosal pepsinogen levels at various times were calculated by adding the amounts of zymogen secreted at hourly intervals into the luminal bathing media to the amounts remaining in the respective mucosal halves at the end of the experiment and then subtracting the cumulative amounts secreted during successive intervals. —●— histamine control; —○— vinblastine treated half. Similar studies were carried out with colchicine and the first order rate constants for both vinblastine- and colchicine-treated mucosae were computed from the linear portions of the curves before and after addition of the agents. The data are summarized in Table 1.

during the first two to three hours of incubation. The kinetics of inhibition were slow and at  $5 \times 10^{-4}$  M 5-6 hours were required to reduce  $H^+$  secretion to zero. Although  $H^+$  rate was completely abolished between the 3rd and 4th hour at 1.0 mM vinblastine concentration, pepsinogen continued to leak at a measurable rate ( $0.031 \text{ hr}^{-1}$ ) which perhaps represents a slow basal leak of the zymogen from the tissue.

#### Effects of colchicine on $H^+$ and pepsinogen rates

Unlike vinblastine, colchicine at 1-50 mM concentrations had a biphasic effect on  $H^+$  secretion (Fig. 3). There was an initial stimulation of  $H^+$  rate (15-25%) over and above that observed with maximal histamine at all concentrations ranges of colchicine studied and this was followed by inhibition. The stimulation persisted for several hours at lower concentrations. However, at concentrations of colchicine 25 mM and above, the stimulation lasted for 1-2 hours and was followed by a rapid inhibition. Renewal of the bathing medium containing fresh colchicine resulted in a partial and transient reversal of the inhibition. These observations suggest that colchicine is metabolized by the mucosal cells and that a metabolic product(s) may be responsible for the biphasic effect. Colchicine (10 mM) addition in the absence of exogenous secretagogues can induce secretion in the resting mucosa obtained by prolonged preincubation technique described previously (16); this stimulation of secretion was comparable to that obtained with  $10^{-4}$  M histamine. But unlike the sustained stimulation observed with histamine, the initial stimulation with colchicine was followed by an inhibition similar to that described in Figure 3.

The predominant effect of colchicine was, however, to inhibit secretion. At concentrations lower than 1.0 mM, colchicine had little effect on secretion, although the transepithelial potential difference (PD)

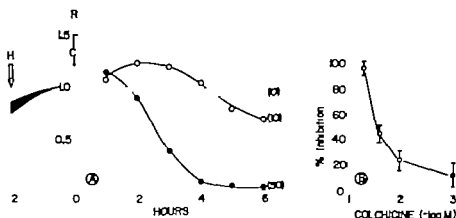


Fig 3 Effect of colchicine on  $H^+$  rate in histamine stimulated mucosal halves. histamine was added to both mucosal halves at H. A Ratio (R) of instantaneous  $H^+$  rate of the colchicine treated half (colchicine added at C) to that of the corresponding histamine control half at various times. Figures in parenthesis indicate colchicine concentrations. The heavy shaded line depicts the range of similar ratios for the control halves during the experimental period and was determined from instantaneous  $H^+$  rate to the maximum rate obtained for each control mucosal half. B Dose dependence of  $H^+$  rate inhibition calculated as in Figure 1.

momentarily increased ( $\Delta PD 5 \pm 2$  mV) and then returned to the baseline levels in about 10 min. At higher concentrations the transient rise in PD was similar but the return was to lower values with a concomitant rise in resistance. The kinetics of inhibition were slow and prolonged incubation at concentrations above 10 nM eventually reduced the secretion to zero with a simultaneous increase in resistance ( $\Delta R 60 \pm 10$  ohm  $cm^2$ ).



and decline of PD to almost zero. These effects were reversible following washouts of colchicine.

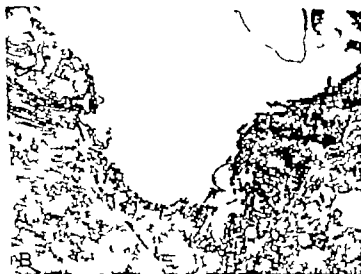
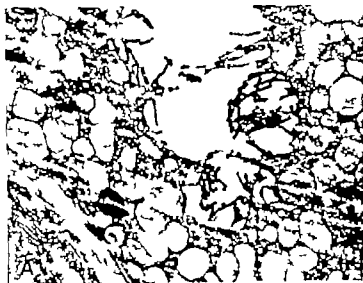
Pepsinogen secretion unlike  $H^+$  secretion was not transiently stimulated by colchicine and the inhibition of pepsinogen secretion usually preceded that of  $H^+$  secretion and was greater than that of  $H^+$  rate. Consequently it is noteworthy that with both vinblastine and colchicine the pattern of inhibition of pepsinogen secretion vis à vis  $H^+$  secretion differs from that observed with thiocyanate, a classical inhibitor of  $H^+$  secretion or with burimamide. With colchicine the PU/ $H^+$  ratios tended to decrease from an average of 7 before addition of colchicine to about 2 at the end of 5th hour of 10  $\mu M$  colchicine treatment. Colchicine stimulation of  $H^+$  rate could only partly account for this decline of PU/ $H^+$ . When vinblastine was the inhibitor the two secretions declined in an almost parallel manner so that the PU/ $H^+$  ratios remained relatively constant until the  $H^+$  rate approached zero late in the experiment and the continued basal leakage of pepsinogen began to increase the ratio. On the other hand with 20  $\mu M$  thiocyanate or 1  $\mu M$  burimamide the inhibition of  $H^+$  rate preceded that of pepsinogen and the PU/ $H^+$  ratio increased sharply to 30 or greater at one hour after treatment and continued to increase during the next two hours. The basis for differences in the action of microtubule disrupting agents versus that of thiocyanate or burimamide on these secretions is presently not clear and it is tempting to ascribe it to the possible action of the former on microtubules.

Effect of cytochalasin B

Cytochalasin B had no effect on either  $H^+$  or pepsinogen rate in the concentration range of  $10^{-6}$  to  $10^{-3}$  M. It also appeared not to modify the effects of colchicine or vinblastine in any manner.

# Ultrastructural studies

Typical electron micrographs of the histamine-stimulated and histamine stimulated colchicine-inhibited mucosal halves are shown in Figure 4



- Fig 4 Ultrastructural changes in the apical regions of tubular cells in histamine treated mucosal halves and effect of colchicine
- A Histamine treated control half at the end of 4th hour of incubation The  $H^+$  rate declined from 4.4 at the start to 4.1  $\mu\text{eq cm}^{-2} \text{ hr}^{-1}$  at the end of experiment  $\times 15,000$
- B Colchicine treated half Colchicine (25 mM) was added after 2 hours of incubation in the continued presence of histamine The  $H^+$  rate was 4.8 at the start 4.7 at the time of addition of colchicine and 2.8  $\mu\text{eq cm}^{-2} \text{ hr}^{-1}$  just before fixation  $\times 10,000$
- Apical regions in the histamine treated control mucosal half display the typical microvilli extending into the tubular lumina in almost all sections examined In contrast colchicine treatment results in resorption and stacking of the microvilli forming multilaminar structures along the apical plasma membrane

At the time of fixation the colchicine treated mucosa was secreting at approximately 60% of the control The tubular cell apical regions in the control mucosal half typically show an abundance of microvilli protruding into the tubular lumina with a depletion of cytoplasmic tubulovesicular elements In contrast in the colchicine treated mucosal half the microvilli appeared to be stacked along the plasma membrane surface forming multilaminar structures Our fixation techniques were not designed to observe microtubules or microfilaments and therefore none are visualized in these micrographs

DISCUSSION The data presented in this report clearly indicate that microtubule disrupting agents colchicine and vinblastine inhibit gastric  $H^+$  and pepsinogen secretion whereas cytochalasin B which interacts with microfilaments is without effect on gastric secretion The requirements of high concentrations of colchicine some 2-3 orders of magnitude greater than those needed for disruption of microtubules in other secretory tissues or cells in which microtubule involvement has been reported suggests that colchicine may also react non-specifically with cellular membranes and thus exert its inhibitory effects However the concentrations of vinblastine appear to be in a reasonable range for a specific interaction with microtubules Microtubules are known to be present in

parietal cells but their functional relationship to secretion is unknown. It is possible that they may play a role in the alignment of tubulovesicles prior to their fusion to the apical plasma membrane or in their eversion with the initiation of secretion and/or reversal of the above processes with a decline of secretion to the resting state. While our studies thus suggest that microtubules may be involved in gastric secretion, additional evidence will be clearly required before they can be definitively implicated directly in the sequence of events leading to secretion.

#### ACKNOWLEDGMENTS

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TABLE I

Rate constants for loss of pepsinogen content in histamine-stimulated and vinblastine or colchicine treated mucosae

Vinblastine (M)	$k$ (hr <sup>-1</sup> )	Colchicine (M)	$k$ (hr <sup>-1</sup> )
$1 \times 10^{-5}$	0.113	$1 \times 10^{-3}$	0.117
$1 \times 10^{-4}$	0.048	$1 \times 10^{-2}$	0.092
$5 \times 10^{-4}$	0.042	$2.5 \times 10^{-2}$	0.046
$1 \times 10^{-3}$	0.033	$5 \times 10^{-2}$	0.035

The rate constant for the uninhibited mucosae averaged 0.124 hr<sup>-1</sup>.

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## Cytochrome $b_5$ and $K^+$ -PNPPase Specific Characterization in the Isolated Rat Gastric Parietal Cell

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**ABSTRACT:** A specific approach to the characterization of the gastric  $H^+$ -pump was attempted using isolated cells from rat fundus. Cells were sorted by isopycnic equilibration in sucrose gradient and characterized for marker enzymes as well as for components possibly relating to  $H^+$ -transport.  $K^+$ -ATPase activity was found to be lacking.  $K^+$ -PNPPase and cytochrome  $b_5$  copurified with parietal cells. Cells were then subfractionated by differential centrifugation and isopycnic equilibration. Both  $K^+$ -PNPPase and cytochrome  $b_5$  shown a subcellular distribution consonant with a possible location on apical membrane and/or tubulovesicular system. Digitonin treatment however allowed to separate membranes bearing  $K^+$ -PNPPase from those bearing the cytochrome on the basis of difference in cholesterol content.

### INTRODUCTION

The gastric  $H^+$ -pump is very likely specific of the parietal cell. Morphological events accompanying parietal cell activation and deactivation have furthermore suggested its probable location on the smooth endoplasmic reticulum membranes forming the so called tubulovesicles (1,2). Prominent within the cytoplasm of the resting cell the tubulovesicles are believed to incorporate with the apical plasma membrane (the intracellular canaliculi) on the onset of stimulation (3,4). On these grounds the biochemical identification of the pump may be usefully approached in terms of isolation and purification of parietal cell membranes.

Following this approach however one is faced with the embarrassing problem of the cellular heterogeneity of the gastric mucosa. In the lack of more definite preparation previous attempts have focussed on microsomal fractions actually



representative of the whole tissue. Availability of reliable method for gastric cells isolation and quantitative sorting (5) may now allow more specific investigations to be attempted.

The present work is concerned by the biochemical study of the isolated rat parietal cell and particularly by the characterization of its smooth surfaced microsomal membranes. In consideration to their possible key role a special attention was paid to microsomal ion-sensitive ATPases in particular  $K^+$ -stimulated ATPase (6-9)  $K^+$ -stimulated phosphatase ( $K^+$ -PNPPase) (10) and microsomal cytochrome  $b_5$ -linked oxidation-reduction system (10-11). Also are reported first attempts dealing with discrimination between smooth endoplasmic reticulum and plasma membrane markers on the basis of the digitonin-shift model previously reported for liver (12).

#### MATERIAL and METHODS

Male Wistar rats weighing between 250 and 300 g were used in this study.

##### *Cell isolation and sorting*

Gastric cells were prepared according to Lewin et al (5). Stomachs (fundic part) were everted mucosa outside and immersed in an oxygenated Krebs-Ringer medium at 37°C. Pronase (Merck A.B. Darmstadt RFA; 1000 IU  $ml^{-1}$ ) was injected on the serosal side and allowed to dissociate the connective stroma for 90 min. Individualized mucosal cells were collected and sorted by an 1 hour equilibration in a linear sucrose gradient (PR 6000 centrifuge with CF 6 continuous flow zonal rotor IEC Needham Heights Mass USA). Cytochrome c oxidase and pepsin were used as biochemical markers to characterize parietal and peptic cells respectively. Morphometric analysis of cell diameters and electron microscopic observations were performed as previously described (5).

##### *Subcellular fractionation*

Differential centrifugation was performed as previously described (13). (N) fraction 200 x g during 6 min; (M) fraction 9 500 x g during 3 min and 2 s; (L) fraction 37 000 x

g during 6 min and 42 s; (P) fraction 92 000 x g during 30 min; (S) fraction supernatant of fraction (P) In these sub-cellular fractions enrichment over the homogenate was estimated according to De Duve (14) in terms of Relative Specific Activity (RSA) as defined by (% of enzyme activity or biochemical constituent) : (% of protein)

Isopycnic equilibration was achieved in a 10-60% linear sucrose gradient (Spinco Beckman Centrifuge SW 25 rotor 16 h at 15 000 rpm) (13) Treatment with digitonin (Marok A B Darmstadt RFA) was performed according to Amar-Contesse et al (12) by incubating prior to isopycnic equilibration the post-mitochondrial fraction 15 min at 0 C in the presence of digitonin (3.3 mg/g of fresh mucosa) The material was then washed once by centrifugation (100 000 g x 1 h) and re-suspended in 0.25 M sucrose

#### *Biochemical determinations*

All the substrates used were obtained from Sigma Chemical Co. Proteins were determined by the method of Lowry et al (15) using bovine serum albumin as standard Cholesterol was assayed by the method of Rudel and Morris (16) Cytochrome c oxidase was estimated from Cooperstein and Lazarow (17) Monoamine oxidase was determined by the method of Weissbach et al (18) Pepsin was assayed by a modification of the method of Anson and Mirsky (19) as previously described (20) RNA was determined following the method of Schneider (21) Assays for 5 nucleotidase and ATPase activities were performed as previously described (13) Galactosyl transferase was assayed as described by Beaufay et al (22)

Assays for paranitrophenyl phosphatase activity were performed in a medium containing 4 mM paranitrophenyl phosphate (PNPP) 80 mM Hepes buffer (pH 6.9) with 4 mM MgCl<sub>2</sub> as an activator and with or without 20 mM KCl (23) The difference between activity in the presence and absence of potassium will be referred as to K<sup>+</sup>-PNPPase activity

Cytochrome b<sub>5</sub> was determined according to the method of Klingenberg (24) from the NADH reduced minus oxidized difference spectrum using a differential wavelength scanning

spectrophotometer (Gilford Instrument Laboratories Inc Oberlin Ohio USA) Concentrations in cytochrome  $b_5$  were calculated assuming that  $\Delta\epsilon(424 - 405) \text{ nm} = 160 \text{ cm}^{-1}\text{mM}^{-1}$  (24)

All determinations were performed under linear assay conditions with respect to protein or cell concentration in the test

## RESULTS and DISCUSSION

### *Characterization of Isolated rat parietal cells*

Isopycnic equilibration of isolated fundic cells was previously detailed (5) It resulted in a clear separation between parietal cells on the one hand and peptic and mucous cells on the other: parietal cells as characterized by (a) morphologically their large size ( $16 \pm 4 \mu\text{m}$ ) the presence of intracellular canaliculi and the peculiar abundance of mitochondria (fig 1) and (b) biochemically cytochrome c oxidase as marker of mitochondria equilibrated with a mean buoyant density of  $1.18 - 1.20 \text{ g cm}^{-3}$ ; peptic and mucous cells as identified by their smaller size ( $9 \pm 3 \mu\text{m}$ ) and their secretory granules showed a distribution paralleling that of pepsin with a mean buoyant density of  $1.23 - 1.24 \text{ g cm}^{-3}$  (fig 2a)

Consistently parietal cells were characterized for biochemical components possibly relating to  $\text{H}^+$ -transport with the assumption that these components would have throughout the gradient a distribution closely similar to that of cytochrome c oxidase

According to this model both cytochrome  $b_5$  along with its associated reductase (NADH: cytochrome  $b_5$  oxido reductase E C 1.6.2.2) and  $\text{K}^+$ -PNPPase appeared to be typical of parietal cells (fig 2b) 93.5% of the whole cytochrome and 95% of the whole  $\text{K}^+$ -PNPPase were recovered in the  $1.17 - 1.23 \text{ g cm}^{-3}$  density band which contained 89% of the whole parietal cells The  $1.23 - 1.30 \text{ g cm}^{-3}$  density band which accounted for 80% of peptic and mucous cells contained only 6.5% and 5% of the whole cytochrome  $b_5$  and  $\text{K}^+$ -PNPPase respectively In the 83% parietal cell population collected from  $1.18 - 1.20 \text{ g cm}^{-3}$  the cytochrome was enriched 3.1 times and  $\text{K}^+$ -PNPPase 3.3 times over the values

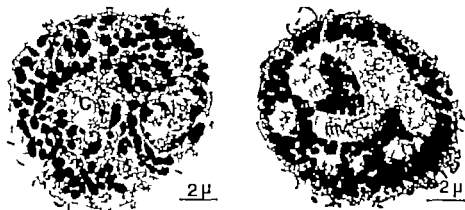


Fig. 1 Electron micrographes of isolated rat parietal cells. N nucleus; M mitochondria; L lysosome; TV tubulovesicles; C intra cellular canaliculi. On the left inactive cell; on the right active cell showing prominent canaliculi with profusion of microvilli (mv). These microvilli should be produced by tubulovesicles fusing with the intracellular canaliculi membrane (14).

prior cells separation. For a pure 100% parietal cells population extrapolated contents were 19.6 pmoles and 10.6 nmoles  $\text{min}^{-1}$  for cytochrome *b*<sub>5</sub> and *K*<sup>+</sup>-PNPPase respectively.

The specific occurrence of cytochrome *b*<sub>5</sub> in parietal cells is in apparent agreement with predictions of the redox pump hypothesis for *H*<sup>+</sup>-transport (25, 26) and furthermore consistent with previous evidence on rabbit gastric microsomes (10). This finding is detailed elsewhere (11). Gastric *K*<sup>+</sup>-PNPPase is commonly suggested to be associated with the so called *K*<sup>+</sup>-ATPase (6). This latter enzyme has been characterized in gastric microsomes from various amphibian and mammalian species including rat (27). It was claimed to be unique of the gastric tissue (7) and strongly suggested to drive *H*<sup>+</sup> transport according to the ATPase pump hypothesis (4-9, 28, 29). However in sharp contrasts with these reports isolated rat fundic cells were found to be devoided of any detectable *K*<sup>+</sup>-stimulable ATPase activity. We have no definite explanation for this striking result. It might for instance reflect the occurrence under our experimental conditions of either a damage of a necessary cofactor or a conformational change in the enzyme molecule resulting in unsensitivity to *K*<sup>+</sup>.

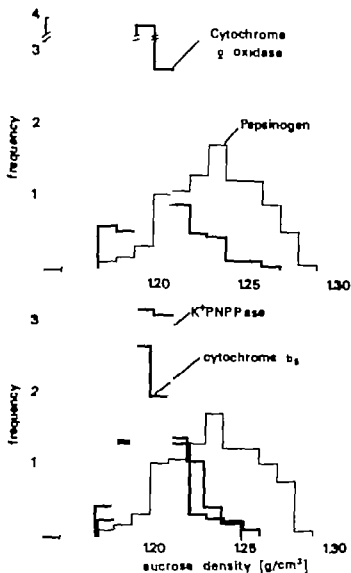


Fig 2: Isopycnic equilibration of isolated rat fundic cells in linear sucrose gradient. Standardized representation according to ref 5. The term Frequency on the ordinate axis refers to  $dQ/Q \cdot dp$  standing for the fraction of the total activity ( $Q$ ) recovered and  $dp$  for the elementary density step.

(a) Parietal cells marked by cytochrome c oxidase are distinctly separated from other cell types here illustrated by pepsinogen (mucous and peptic cells behave identically).

(b)  $K^+$ PNPPase and cytochrome  $b_5$  equilibration profiles are closely similar to that of cytochrome c oxidase and clearly distinct from that of pepsinogen (thin line) hence they do relate to parietal cells.

Parietal cells were also shown to be enriched in  $\text{HCO}_3^-$ -stimulated  $\text{SCN}^-$ -inhibited ATPase. This enzyme has been for some time suggested to be critically involved in  $\text{H}^+$ -transport (30, 31). Previous report from this laboratory has however provided strong evidence for its mitochondrial derivation and explained its presence in purified gastric plasma membranes in terms of mitochondrial contamination (13). This was recently confirmed (32). Thus it may appear that enrichment of parietal cells in  $\text{HCO}_3^-$ -stimulated ATPase is but a simple consequence of their peculiar wealth of mitochondria.

Finally although Golgi apparatus is only occasionally observed in the parietal cells the latter were found to display a substantial galactosyl transferase activity.

*Subcellular origin of cytochrome b<sub>5</sub> and K<sup>+</sup> PNPPase in the parietal cell.*

Homogenates prepared from isolated rat fundic cells exhibited the same enzymatic pattern as those prepared from whole scraped fundus. Since in particular the value for  $\text{K}^+$ -PNPPase and cytochrome b<sub>5</sub> were very similar respectively in both preparations it may be assumed that cells isolation procedure, and specially the use of pronase for tissue dissociation has no sequel on these components (table).

COMPARISON BETWEEN GASTRIC HOMOGENATES

	Scraped fundus	Isolated cells
Pepsin <sup>(1)</sup>	1.5	1.3
Cytochrome c oxidase <sup>(2)</sup>	6.4	6.3
$\text{K}^+$ -ATPase <sup>(3)</sup>	ND	ND
$\text{K}^+$ -PNPPase <sup>(3)</sup>	16.8	14.6
Cytochrome b <sub>5</sub> <sup>(4)</sup>	28.6	28.8

Units per mg protein: (1)  $\mu\text{moles tyrosine min}^{-1}$ ; (2)  $\Delta \log \text{DO min}^{-1}$ ; (3)  $\mu\text{moles min}^{-1}$ ; (4)  $\mu\text{moles}$   
 ND: no detectable activity

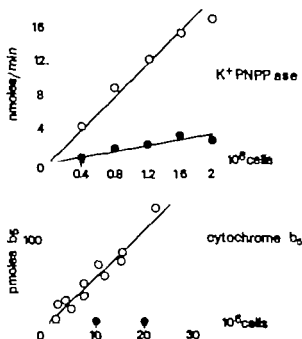


Fig 3:  $K^+$  PNPPase activity and cytochrome  $b_5$  content per  $10^6$  isolated gastric cells (mixed population) as a function of cell concentration for intact (close circles) as compared to disrupted (sonicated) cells (open circles)

Supportingly since cell disruption was required for full determination,  $K^+$ -PNPPase and cytochrome  $b_5$  are strongly suggested to be endocellular (fig 3)

Homogenates were submitted to differential centrifugation and subcellular fractions thus obtained were characterized for usual biochemical markers of membrane structure and for cytochrome  $b_5$  content and  $K^+$ -PNPPase activity (fig 4). Cytochrome  $b_5$  exhibited a typical microsomal distribution profile roughly similar to that of 5 AMPase (with however a lack of cytochrome in the supernatant fraction) with a maximal enrichment in (P) fraction (x 3.5 in terms of RSA).  $K^+$ -PNPPase although it was highly enriched in (P) (x 3.4) had however a distribution slightly shifted towards larger sized microsomes with a maximum enrichment (x 3.6) in (L) fraction. Both components were clearly distinct from mitochondrial marker such as cytochrome c oxidase.

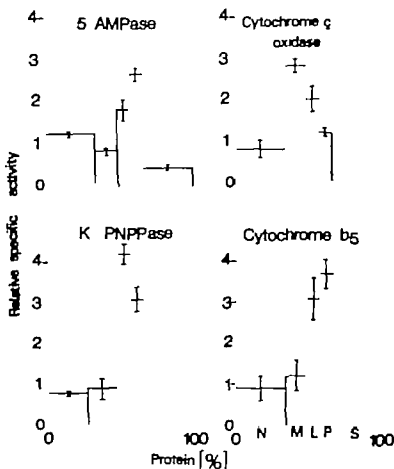


Fig 4: Subcellular localization of K<sup>+</sup> PNPPase and cytochrome b<sub>5</sub> differential centrifugation of gastric homogenates (see Material and Methods) mean value of 3-5 experiments - 1 SE with recoveries ranging from 90% to 110%



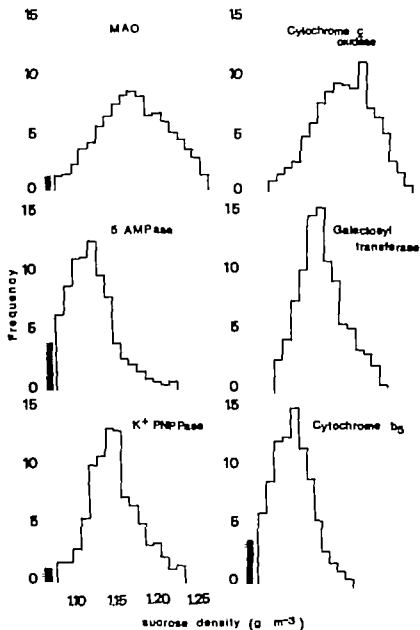


Fig. 5. Subcellular localization of K<sup>+</sup> PNPase and cytochrome b<sub>5</sub>, isopycnic equilibration of gastric membranes (fraction 11 P) see Material and Methods. Representation standardized as in fig. 2 of one typical experiment.

(L) and (P) fractions were then pooled and applied to a linear sucrose density gradient. Cytochrome b<sub>5</sub> and K<sup>+</sup>PNPPase equilibrated with a peak buoyant density of 1.105 g cm<sup>-3</sup> and 1.113 g cm<sup>-3</sup> respectively. Their distribution profiles were clearly dissociated from that of both cytochrome c oxidase and monoamine oxidase which thus fully confirming their non-mitochondrial origin. These profiles were by contrast rather typical of smooth microsomal membrane components. Close to that of 5 AMPase they were however markedly distinct from that of Galactosyl transferase (fig. 5).

These findings are in good agreement with previous data reported for gastric mucosa of other species (6, 7, 9, 23, 27). They suggest that in the parietal cell cytochrome b<sub>5</sub> and K<sup>+</sup>PNPPase may be located on plasma membrane and/or smooth endoplasmic reticulum.

*Further resolution of smooth membranes by the use of digitonin.*

As previously shown in liver (12, 33) digitonin was found to form stoichiometric stable complex with cholesterol bound to gastric membrane with a resulting specific shift of cholesterol-rich membranes equilibration profile towards higher densities.

This digitonin shift was successfully used in liver to separate plasma membranes (assumed to be rich in cholesterol) from smooth endoplasmic reticulum membranes (assumed to contain very little if any cholesterol). On gastric microsomes digitonin binding resulted in a dramatic displacement of equilibrium density of both 5 AMPase and K<sup>+</sup>PNPPase (+ 0.049 g cm<sup>-3</sup>); equilibrium density of cytochrome b<sub>5</sub> was however almost unaffected (fig. 6). According to the data in liver such a finding in the parietal cell would suggest that K<sup>+</sup>PNPPase does belong to plasma membrane compartment while cytochrome b<sub>5</sub> should be actually just like in hepatocyte (12, 34) a specific marker of smooth endoplasmic reticulum.

With consideration to the morphological features of the parietal cell it is very tempting to infer from the above

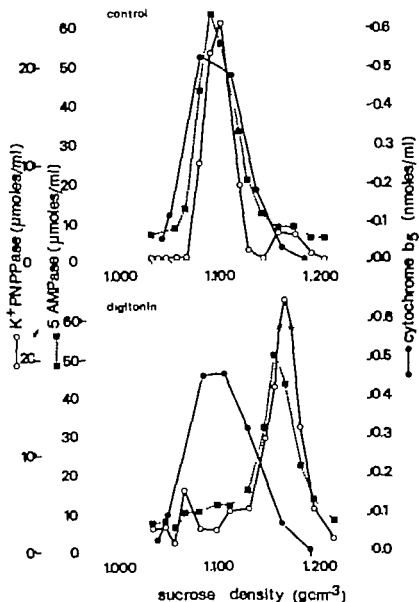


Fig 6: Effect of digitonin treatment on equilibrium density of gastric membranes. In control (upper graph) cytochrome  $b_5$  equilibrium density is very close to that of  $5 \text{ AMPase}$  and  $\text{K}^+ \text{PNPPase}$ . After digitonin treatment (lower graph) the latter markers are selectively shifted to the right presumably because they belong to membranes rich in cholesterol.

results that *ipso facto* cytochrome b<sub>5</sub> should be a marker of tubulovesicles. If this were true then it would be admitted that K<sup>+</sup>-PNPPase should not be associated with the tubulovesicles (but rather associated with apical plasma membrane ?)

However it may be alternatively proposed that by contrast with hepatocytes smooth endoplasmic reticulum membranes in parietal cells contain as much cholesterol as plasma membranes do and therefore cannot be discriminated from the latter on the basis of the digitonin shift model. Such a common feature between these two membrane compartments would be consistent with their suggested ability to fuse one with another. In this alternative K<sup>+</sup>-PNPPase could be proposed as marker for tubulovesicles with cytochrome b<sub>5</sub> being associated with other indefinite smooth endoplasmic membranes (distinct from Golgi apparatus). This should be in agreement with the finding that although they behaved almost similarly in subcellular fractionation microsomes bearing K<sup>+</sup>-PNPPase and those bearing 5 AMPase however differed slightly in terms of size and density (above results) and markedly in terms of electric charge (9).

Finally it may be also proposed that the tubulovesicular system is actually heterogeneous in nature with two vesicles subpopulations distinctly marked with cytochrome b<sub>5</sub> and K<sup>+</sup>-PNPPase respectively.

#### *Conclusion*

Thus the data presented in this study clearly demonstrate in the rat fundic mucosa the specificity of both K<sup>+</sup>-PNPPase and cytochrome b<sub>5</sub> for the parietal cells. Since these cells may appear to be exclusively devoted to H<sup>+</sup>-transport such a finding strongly argues for a role more or less direct of K<sup>+</sup> PNPPase and cytochrome b<sub>5</sub> in this transport. This is furthermore supported by the suggested location of these components on subcellular structures relating to plasma membrane and/or tubulovesicular system (these structures should be however distinct for K<sup>+</sup>-PNPPase and cytochrome b<sub>5</sub>). However since

at variance with previous reports by others we cannot find in our hands any  $K^+$ -ATPase activity it seems difficult at the present time to schematize the findings in a comprehensive functional model

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## Role of $K^+$ stimulated ATPase in $H^+$ and $K^+$ Transport by Bull Frog Gastric Mucosa *in vitro*

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**ABSTRACT** Resting and spontaneously secreting mucosa secrete  $K^+$  at a steady rate. Histamine (0.2mM) stimulated both  $H^+$  and  $K^+$  secretion with the peak for  $H^+$  following that for  $K^+$ . The latter returns to the non-stimulated level within 45 min while the  $H^+$  secretion remains at a high steady state level. The pCMBS which completely inhibited the  $K^+$  stimulated ATPase and pNPPase associated with the purified light microsomal fractions from the bull frog oxyntic cells also decreased  $H^+$  secretion to zero and allowed the  $K^+$  level to increase to a constant higher level at 60 min. Substitution of pCMBS with 2mM 2-mercaptoethanol in the mucosal solution completely restored the  $H^+$  secretion and returned the  $K^+$  value to the non-stimulated level. The pNPPase activity associated with the mucosal surface showed parallel responses with the  $H^+$  secretory state of the tissue.

The physiological implications of  $K^+$  in the gastric juice is not understood although it has been well established in the past decades that this ion may play an important role in gastric secretion (1-3). It has been demonstrated that  $K^+$  in the nutrient solution (4-6) is absolutely necessary for the maintenance of acid secretion by bullfrog gastric mucosa *in vitro*. Recently a  $K^+$  stimulated ATPase have been localized on the apical region of the parietal cells (8) and the membrane vesicles derived from these apical plasma membranes are capable of producing a  $H^+$  gradient in the presence of ATP and  $K^+$  (9, 10). These discoveries strengthened the idea that  $K^+$  plays an important role in gastric acid secretion. However the precise relationship existing between  $K^+$  and  $H^+$  transport under physiological conditions still remains unclear. The data presented in this paper suggests the following: a) there are distinctly different routes for the transport of  $H^+$  and  $K^+$  by bull frog gastric mucosa and an intimate relationship exists between the two and b) the  $K^+$  stimulated ATPase is involved in the transport of protons and during this process  $K^+$  is transported back inside the cell from the lumen.



by the ATPase system. These results are discussed in terms of a hypothetical mechanism for gastric HCl secretion.

## METHODS

### A. Transport studies

The fundic mucosa from *Rana Catesbeiana* was carefully separated from the submucosa and mounted over one end of a plastic tube (13x100 mm) with the mucosal surface (M) facing out. The nutrient solution (N) was a regular frog's Ringer (F.R.) solution (11) which was equilibrated with 95% O<sub>2</sub>/5% CO<sub>2</sub>. The mounted tissue was placed in a thermostated Radiometer titration vessel which was maintained at 37°C with an external circulating water bath. The mucosal surface (M) was bathed with 10 ml 104 mM NaCl. The mucosal solution was gassed with 100% O<sub>2</sub> and stirred continuously with a magnetic stirrer. The mucosal solution was collected at 15 min intervals and placed in thoroughly washed plastic vials. The K<sup>+</sup> content of the secretory medium was determined flame photometrically and the H<sup>+</sup> secretion was quantitated by titration with 1 mM NaOH to pH 6.5 while gassing with 100% N<sub>2</sub>.

### B. Surface p-nitrophenyl phosphatase (pNPPase) assay

The surface pNPPase was assayed following the method of Durbin and Kircher (11). The mucosal solution consisted of 87 mM NaCl, 18 mM NaHCO<sub>3</sub> and 0.5 mM pNPP. Both nutrient and mucosal solutions were bubbled with 95% O<sub>2</sub>/5% CO<sub>2</sub>.

### C. Gradient purified membranes

The membranes enriched in K<sup>+</sup> stimulated ATPase and pNPPase were prepared according to the method of Ray and Forte (12) with the following modifications. The homogenizing medium consisted of 250 mM Sucrose containing 0.2 mM EDTA and 2 mM PIPES, pH adjusted to 6.8. The purified light membrane fraction was harvested from the post nuclear supernatant by centrifugation for 4 hours at 100,000xg on a discontinuous sucrose (37%) gradient.

### D. Enzyme assays

The K<sup>+</sup> stimulated ATPase and pNPPase was assayed by the methods described previously (7). Assay of the phosphorylated intermediate has been described (13).

### E. Statistical treatment

Paired student t test was used to compare secretory data obtained in

test condition with initial steady state control values for the same mucosa and the differences were regarded as significant when  $P < 0.05$ . The variability of samples is expressed as the mean  $\pm$  SE.

### RESULTS

Fig 1 shows the relationship between the appearance of H<sup>+</sup> and K<sup>+</sup> in the secretory fluid after histamine stimulation. As can be seen in this graph histamine stimulated a sustained secretion of H<sup>+</sup> (1.20  $\mu$ Eq/hr to 4.40  $\mu$ Eq/hr after histamine stimulation) and a transitory efflux of K<sup>+</sup> (about 2.76  $\mu$ Eq/hr) which returns to the control level of 1.75  $\mu$ Eq/hr after about 45 minutes. The peak for K<sup>+</sup> preceded that for H<sup>+</sup>.

This pattern of appearance of K<sup>+</sup> in the secretory fluid can be explained in two ways. Histamine (secretagogue) may cause some transient change in permeability of the secretory membranes to K<sup>+</sup>. This altered permeability of the secretory membrane to K<sup>+</sup> then may be gradually restored to its original state. The K<sup>+</sup> efflux may or may not have any relation to the H<sup>+</sup> transport. The second possibility is that the

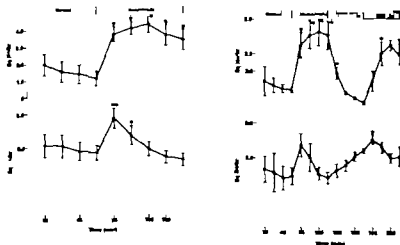


Fig 1 (Left) Effects of histamine on H<sup>+</sup> and K<sup>+</sup> transport by bull frog gastric mucosa *in vitro*. The spontaneously secreting mucosa was washed thoroughly in FR solution with several changes and then mounted in a chamber. Details are given in METHODS.  
 $P < 0.05$ ,  $**P < 0.01$ ,  $n=12$ .

Fig 2 (Right) The effects of sequential addition of 0.25 mM p-chloromercuribenzenesulfonic acid (PCMB) and 2 mM 2-mercaptoethanol (BME) in the mucosal solution (H) of the chambered mucosa stimulated with 0.2 mM histamine. H<sup>+</sup> transport (upper graph) and K<sup>+</sup> transport (lower graph) are shown as a function of time.  $n=6$ .

secretagogue stimulated mucosa may have a sustained higher rate of  $K^+$  efflux and this observed decrease in  $K^+$  efflux after the initial transient peak may be due to recycling of  $K^+$  back into the cell. There may exist some relation between the transport of  $H^+$  and recycling of  $K^+$ .

In order to distinguish between these two possibilities we exposed the histamine stimulated mucosa to pCMBS on the mucosal side to inhibit  $H^+$  transport and monitor  $K^+$  transport under these conditions. It has been shown previously by Solberg and Forte (14) that in bull frog gastric mucosa pCMBS completely inhibits  $H^+$  transport which can be completely reversed by 2 mercaptoethanol (BME) a thiol agent. Our result confirms that of Solberg and Forte and in addition shows the pattern of  $K^+$  efflux as shown in Fig 2. During histamine stimulation the sulfhydryl agent pCMBS (0.25 mM) added to the secretory solution reduces the acid secretion to zero within 45 minutes and caused a rapid increase in  $K^+$  efflux which began stabilizing at 50 minutes post pCMBS addition. Replacement of pCMBS by BME a thiol agent resulted in a small transient increase and then a rapid decrease in  $K^+$  output. This decrease in  $K^+$  output was coincidental with an increased  $H^+$  secretion. These results clearly demonstrated that in frog gastric mucosa there is a pathway for the exit of  $K^+$ .

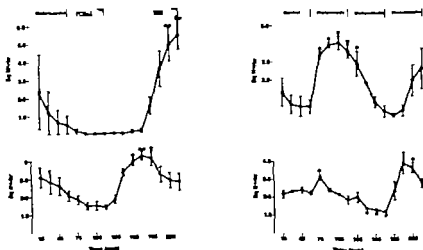


Fig 3 (Left) Effects of sequential additions of pCMBS, histamine and BME on the metiamide pretreated resting mucosa. pCMBS was replaced with BME in the mucosal solution (M) while histamine was in the nutrient (N) solution.  $n=3$ .

Fig 4 (Right) Effects of histamine and metiamide on  $H^+$  and  $K^+$  transport by the chambered mucosa. The order of addition of the agents are shown in the upper part of the graph.  $n=3$ .

which is independent of  $H^+$  transport. The enhanced rate of  $K^+$  output after pCMBS treatment may be due to either inhibition of  $K^+$  recycling by pCMBS or a direct effect of pCMBS on the  $K^+$ -conductive pathway. If the  $K^+$  recycling is inhibited by pCMBS which also inhibits  $H^+$  transport, it is very likely that both the processes are operated by a common transport machinery.

To distinguish between the possibility of a direct effect of pCMBS on  $K^+$  conductive pathway and the  $K^+$  recycling pathway through the  $H^+$  transport machinery we did the following experiment. We added pCMBS to the secretory solution in a metiamide pretreated resting mucosa. There was no significant change in either  $H^+$  secretion or  $K^+$  efflux. However, when the resting mucosa with pCMBS on the secretory side was stimulated with histamine, there was a three fold increase in  $K^+$  efflux ( $p < 0.05$ ) with no significant change in  $H^+$  secretion. While maintaining histamine stimulation, replacement of pCMBS with BHE resulted in a significant increase in  $H^+$  secretion ( $p < 0.02$ ) with consequent reduction of  $K^+$  efflux which was not significantly different than that of metiamide alone. These results shown in Fig. 3 demonstrate that pCMBS itself does not have any significant effect on the  $K^+$  conductive pathway. Therefore we may conclude that pCMBS which inhibits the  $H^+$  transport also inhibits the  $K^+$  recycling process and the effects are possibly mediated through the same transport machinery.

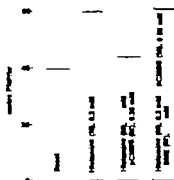


Fig. 5. Effects of various agents added into the nutrient (N) and mucosal (M) solutions on the pMPPase activity of the secretory surface membranes. Mucosal samples were collected 60 min after addition of the agents.

Since Metiamide was used in this experiment to bring the mucosa to resting state it was important to see the effects of histamine alone on the metiamide pretreated resting mucosa with respect to the  $H^+$  and  $K^+$  transport parameters. The results are shown in Fig 4. The general pattern of the  $H^+$  and  $K^+$  transport characteristics of the mucosa remained unchanged. However the metiamide caused a small but significant decrease in  $K^+$  efflux from the nonstimulated control level.

$K^+$ -ATPase recently localized on the secretory membranes of the parietal cells has been strongly implicated to be involved in  $H^+$  transport. The activity of a surface pMPPase located on the secretory surface of the bull frog gastric mucosa has been demonstrated by Durbin and Kircher (11) to show a good correlation with the secretory capacity of the tissue. If this surface pMPPase is a manifestation of the  $K^+$  ATPase which is thought to be the transport machinery for  $H^+$  we should be able to monitor the  $H^+$  transport capacity of the mucosa using the surface pMPPase as an indicator. The results of such an experiment is shown in Fig 5. Although the spontaneously secreting tissue shows a high pMPPase activity (designated as basal here) it does show the expected parallel response with the various agents. Thus histamine stimulation increased pMBS treatment decreased and BME treatment returned the surface pMPPase activity to the original histamine stimulated level.

Purified membrane fractions enriched in the  $K^+$  ATPase and  $K^+$  pMPPase were isolated from the oxyntic cells of bull frog gastric mucosa to test

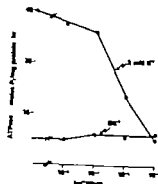
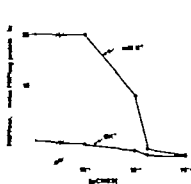


Fig 6 (Left) Effects of increasing concentrations of pCMBS on  $K^+$  stimulated pMPPase of gastric microsomes

Fig 7 (Right) Effects of increasing concentrations of pCMBS on  $K^+$  stimulated ATPase of gastric microsomes

the effects of pCMBS on those enzymes. Fig 6 shows the effects of increasing concentrations of pCMBS on the  $K^+$  pNPPase of the purified gastric microsomes. The enzyme activity is completely inhibited at 0.25 mM pCMBS the same concentration used in our chamber study. Fig 7 shows the effects of pCMBS on the  $K^+$  ATPase activity. Compared to pNPPase the  $K^+$  ATPase was completely inhibited at a much lower concentration of pCMBS. This differential inhibitory effect of pCMBS on  $K^+$ pNPPase and  $K^+$  ATPase suggest easy accessibility and possibly higher affinity of that agent for the ATPase catalytic site in the isolated vesicles. However in intact tissue probably pCMBS can not permeate the cell membrane and bind with the catalytic site of the ATPase molecule since even after 60 minutes exposure of the secretory surface with 0.25 mM pCMBS the inhibitory effect of  $H^+$  transport is readily reversible by BME.

Since the  $K^+$ -ATPase was more sensitive to pCMBS inhibition than  $K^+$  pNPPase it would suggest that the primary action of the pCMBS would be at the level of formation of the 32 p-intermediate of the ATPase reaction. Studies on the phosphorylated intermediate of the  $K^+$  ATPase confirms this prediction. Results are shown in Fig 8. As expected pCMBS treatment produces much lower level of 32 p-intermediate compared to the control and the phosphorylated intermediate of the pCMBS treated membranes is completely insensitive to  $K^+$ .

#### DISCUSSION

The rapidity of the pCMBS action on  $H^+$  transport and its ready reversibility with 2-mercaptoethanol suggests that it acts at or very near the

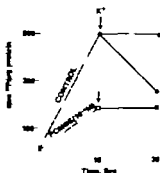


Fig 8 Effects of  $K^+$  2mM and pCMBS on the phosphorylated intermediate(s) of the  $K^+$  ATPase associated with gastric microsomes. Control membranes without  $K^+$  (—○—) with  $K^+$  (●) pCMBS pre-treated membranes without  $K^+$  (---○---) with  $K^+$  (---●---)



from the lumen side (Fig 2) and completely inhibits the  $K^+$  stimulated ATPase and pNPPase in vitro (Fig 6 and 7) it is highly likely that this agent inhibits the transport enzyme in the isolated mucosa by binding to that portion of the molecule which extends out into the lumen at the secretory membrane.

Recent studies on the mechanism of  $K^+$  stimulated ATPase (13) and the transport studies with isolated gastric microsomal vesicles (9, 10) suggests the feasibility of this  $K^+$  stimulated ATPase in  $K^+$   $H^+$  exchange process. The data presented in this paper also supports this hypothesis. Thus in the presence of pCMBS which inhibits strongly the  $K^+$  stimulated ATPase the recycling of  $K^+$  from the lumen into the cell would stop. Under this situation one would expect an increase in the out flux of  $K^+$ . The results shown in Fig 2 and 3 demonstrate an increase in the rate of appearance of  $K^+$  in the secretory solution after pCMBS treatment. However for any such recycling of  $K^+$  the transport pathway for  $K^+$  should be in close juxtaposition to that of the  $K^+$  stimulated ATPase molecule which is believed to be involved in the proposed recycling process. Such close association in molecular architecture of the transport molecules would allow a majority of the  $K^+$  to be recycled back into the cell interior instead of escaping into the secretory fluid during acid secretion.

Our data is consistent with a model (Fig 9) where the secretory membrane contains a  $K^+$  conductive pathway and a  $K^+$  stimulated ATPase system. The former is responsible for diffusion of  $K^+$  from the cell into the lumen and the later is responsible for recycling of  $K^+$  with the resultant deposition of  $H^+$  into the lumen. Thus pCMBS which inhibits the  $K^+$  ATPase and  $K^+$  pNPPase would not only stop the transport of protons but also stop the recycling of  $K^+$ . As a result one would expect to see an enhancement in the efflux of  $K^+$  in the secretory solution. This is exactly what we find in the in vitro frog gastric mucosa. However it should be cautioned that this is a simplified and highly schematic representation based on some fundamental assumptions. Thus although our data suggest that there is a separate pathway for the transport of  $K^+$  from the mucosa into the lumen it does not tell us anything about the cell type. In this scheme we have assumed that the  $K^+$ -conductive pathway is located at the secretory membrane of the parietal cells. It has also been assumed that the surface pNPPase activity of the intact mucosa is a manifestation of the  $K^+$  stimulated ATPase, an assumption which needs to be



proved. Furthermore, this model has been proposed on the basis of our study with histamine in isolated bull frog gastric mucosa. Therefore, generality of the proposed scheme remains to be tested using other secretagogues such as pentagastrin, acetylcholine, etc. in various species.

#### ACKNOWLEDGEMENTS

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## Tissue and Cell Localization of Hog Gastric Plasma Membrane by Antibody Technique

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**ABSTRACT** Antibodies have been obtained which specifically interact with the transport enzyme  $(H^+ + K^+)$ -ATPase. The antigen used was a highly active gastric plasma membrane preparation from hog fundic mucosa purified to homogeneity as judged by polyacrylamide gel electrophoresis. Gamma globulin from immunized animals but not from control animals or pre-immunesera inhibited the  $K^+$ -ATPase activity up to a maximum of 80%. Incubation of alcohol fixed, paraffin embedded section of hog fundus and antrum with immune and pre-immunesera as well as isolated rat parietal cells followed by fluorescein conjugated anti rabbit  $\gamma$ -globulin showed specific binding of the latter (1) only following immunesera (2) only in the fundus (3) only in the parietal cells (4) mainly in the apical region. These data confirm that the site of origin of the  $(H^+ + K^+)$  ATPase vesicles derives from the gastric parietal cell and is compatible with a role of this system in gastric  $H^+$  secretion.

Over the past several years the complex mechanism of gastric acid secretion by the gastric mucosa has been the subject of much research through electrophysiological (1, 2, 3), metabolic (4, 5, 6) and ultrastructural studies (7, 8, 9, 10) of this heterocellular epithelium.

To date it seems well established that the acid secretory cell of the gastric mucosa contains an elaborate system of smooth membranes (tubulo-vesicles) which are abundant in the apical region of the parietal cell and are directly involved in the secretory process (11, 12, 13).

Evidence has previously been presented to support the suggestion that the tubulo-vesicular membranes are isolated with a purified gastric

microsomal fraction derived from fundic homogenate either from amphibian or mammalian tissue (14 15 16 17)

Such purified microsomes possess an ATP hydrolyzing system perhaps unique for the gastric tissue which is cation dependent and is capable of catalyzing a  $K^+ H^+$  exchange across the vesicle membranes and to act as an electroneutral proton pump (18 19)

Based on these findings it is important to define the cell type and the region of the cell from which the active fraction originates In the present work immunological techniques were used for this purpose

#### MATERIALS AND METHODS

1 Membrane Isolation Gastric membranes from hog fundic mucosa were prepared as previously described (17) by differential centrifugation density gradient separation on zonal rotor and free flow electrophoresis

The final three fractions designated FI (vesicular structure associated with  $K^+$ -ATPase and  $K^+$  pKPPase activities) FII (membranes containing the basal  $Mg^{2+}$ -ATPase and 5-nucleotidase) and FIII (essentially membrane fragments containing  $K^+$  ATPase and pKPPase activities) were routinely lyophilized and stored at  $-80^\circ C$  prior to use for antibody study

2 Preparation of antisera to membrane protein: New Zealand white rabbits were pre bled and sera were obtained after clotting at r t for 1 hour and overnight at  $4^\circ C$  then centrifuged at  $3\ 000 \times g$  for 15 minutes

Two weeks after pre bleeding the rabbits were immunized using 1 mg of FI membrane protein fraction suspended in 1 ml of 0.9% NaCl solution and mixed with an equal volume of Freund's complete adjuvant

Subsequent injections were administered bi-weekly for eight weeks and five days after the second injection the rabbits were bled and sera prepared as described above Thereafter rabbits were bled weekly and sera tested for immunoreactivity towards the respective antigen (membrane pro-

tein) by double immunodiffusion (20)

3 Fractionation and purification of antisera Preparation of  $\gamma$ -globulins from preimmun sera as well as antisera were carried out by drop-wise addition at 4 C of a volume of saturated  $(\text{NH}_4)_2\text{SO}_4$  solution equal to the volume of the sera After centrifugation at  $10\,000 \times g$  for 30 minutes the precipitate was resuspended in a volume of deionized water equal to 50% of the original volume of the sera The precipitation and resolubilization cycle was repeated three times

The final  $\gamma$ -globulin fractions were dialyzed against 150 mM Tris Cl buffer (pH 7.4) at 4 C for a period of 72 hours

In all experiments the antibody fractions were further purified by absorption on insoluble antigens (21) Antibodies and preimmun sera aliquots of about 0.5 ml each were stored at  $-20^\circ\text{C}$  until use

4 Chemical determination Protein was determined by the method of Lowry et al (22) ATPase 5'-nucleotidase and pNPPase were analyzed as previously described (17)

For experiments in which the effect of antibodies on enzyme activities was studied antigens either fresh or lyophilized were pre incubated at 22 C for 30 minutes with the purified antibodies and preimmun sera as controls in the assay medium before substrate addition

5 Cell isolation from rat fundic mucosa Cell isolation and separation was performed following the method of Lewin et al (23) Separation of parietal cells from other cell types was achieved by a serial centrifugation technique carried out at  $100 \times g$  for 45 seconds (24)

Parietal cells were identified by the dark blue granules after succinic dehydrogenase stain using nitro tetrazolium blue (25)

6 Immunohistochemical studies Immunofluorescence technique was carried out using the method of Sainte-Marie (26) Fifty to 100  $\mu\text{l}$  of

antibodies (1.5 to 3.0 mg of protein) were applied to 5–6  $\mu$  thick sections and incubated in moist atmosphere at r.t. for 45 minutes.

After washing in phosphate-buffered saline the sections were stained by indirect method (27) and fluorescein isothiocyanate conjugated goat anti rabbit  $\gamma$ -globulin (Hyland Lab., Los Angeles, CA) reconstituted in 1.0 ml of sterile distilled water using 50–100  $\mu$ l of a 1/10 dilute solution.

Following incubation at r.t. for 45 minutes the sections were washed overnight and mounted in buffered ethanol. Stained sections were examined with a Leitz fluorescence microscope and photographed. The specificity of the staining was determined by using the preimmune sera and rabbit anti IgG, IgA and IgM as controls.

For the immunofluorescence study enriched preparations of rat parietal cells were washed twice in phosphate-buffered saline containing 1% bovine serum albumin and 0.03% Na azide. Two hundred  $\mu$ l of cell suspension containing about  $1.5 \times 10^6$  cells were incubated at r.t. for 1 hour with 100  $\mu$ l of antibodies or  $\gamma$  globulin from non immunized rabbit.

After being spun down at 100  $\times$  g for 5 minutes the sediment was washed twice. The pellet was resuspended in 200  $\mu$ l of phosphate buffered saline and 100  $\mu$ l of 1/10 dilute fluorescein conjugated goat anti rabbit  $\gamma$  globulin were added. After 30 minutes incubation at r.t. the cells were washed and the final pellet dispersed in a few drops of buffer. The suspension was examined under the fluorescence microscope.

**7. Polyacrylamide gel electrophoresis.** Gel electrophoresis was performed with 5.6% acrylamide (28) in 0.1% SDS. Samples were solubilized in 1.0% SDS, 1.0%  $\beta$ -mercaptoethanol and 10–15  $\mu$ g of protein were applied to each gel. Staining and destaining for protein and carbohydrates were carried out as previously described (16).

## RESULTS AND DISCUSSION

The gastric  $K^+$  ATPase is a membrane bound enzyme composed of about 95% of one glycoprotein of 105 000 M W. It has been purified from hog fundic mucosa (17) using differential centrifugation density gradient separation and free flow electrophoresis. The fractionation procedure yielded a distinct separation between membranes carrying  $Mg^{2+}$ -ATPase and 5'-AMPase and membranes containing  $K^+$ -ATPase (or p-nitrophenyl phosphatase) (Table I).

TABLE I

PURIFICATION OF GII GASTRIC MEMBRANE FRACTION  
Activities are expressed in  $\mu$ moles Pi and pNP/mg protein/hr

Fractions	5'-AMPase	$Mg^{2+}$ -ATPase	$K^+$ -ATPase	$K^+$ -pNPPase
GII (zonal)	$2.2 \pm 0.3$	$19.4 \pm 1.8$	$63.6 \pm 2.0$	$61.2 \pm 4.2$
GII FI (FFE)	$0.3 \pm 0.06$	$4.4 \pm 1.0$	$110.7 \pm 2.6$	$68.0 \pm 2.6$
GII FII (FFE)	$5.4 \pm 1.0$	$31.0 \pm 3.1$	$20.0 \pm 0.7$	$9.4 \pm 1.0$
GII FIII (FFE)	$0.1 \pm 0.1$	$2.8 \pm 0.4$	$50.1 \pm 3.2$	$31.0 \pm 2.2$

\*Activity in presence of 20 mM KCl minus the basal rate

Along with the 40-fold enrichment in  $K^+$ -ATPase activity (17) this vesicular fraction FI responded to ATP addition in terms of  $H^+$  uptake and  $K^+$  extrusion (18, 19).

Although ultrastructural evidence indicates that the parietal cell contains an abundant intracytoplasmic vesicular system (11, 12) and  $H^+$  transport is a property of the isolated FI vesicles (18, 19) direct evidence that these vesicles derive from the acid secretory region of the parietal cell has been lacking.

Since enzyme-specific antibodies have proven to be sensitive and powerful probes for the purpose of elucidating structural and functional characteristics of certain enzymes (29, 30, 31) as well as their local

zation into the particular biological system from which they derive (32) we used immunochemical studies directed to determine the tissue and cell origin of the purified  $K^+$  ATPase membrane fraction

Antibodies were obtained from the serum of rabbits injected with several preparations of purified and highly active native enzyme. The  $\gamma$ -globulin obtained from anti serum was purified by adsorption to and elution from the enzyme in the native membrane fraction and the antigen antibody reaction was tested by double diffusion technique

Immunodiffusion of purified anti  $K^+$  ATPase  $\gamma$  globulin (FI AB) against Triton X 100 solubilized enzyme (FI Ag) gave single precipitation band while no immunoreactivity was detected when FII and FIII membrane fractions were used (Fig 1). Serum and  $\gamma$  globulin from non immunized rabbits did not give any precipitation bands

These results indicate that specific complex formation is only obtained between FI Ag and FI AB

It is known that antibodies may produce inhibition or stimulation of enzyme activity, may alter certain physical characteristics, or may react with the enzyme without causing detectable changes in enzymatic activity (31)

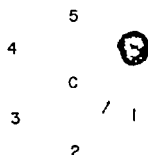


Fig 1 Double diffusion gel precipitation. Well C contains FI AB. Peripheral wells contain: (1) FI Ag, (2) FII Ag, (3) FIII Ag, (4) control globulin, (5) control globulin. Antigens were solubilized in 1% Triton X 100.

Fig 2 Inhibitory effects of varying concentration of FI AB preparation on  $K^+$ -ATPase and pNPPase activities. In these studies 5  $\mu$ g of enzyme were used

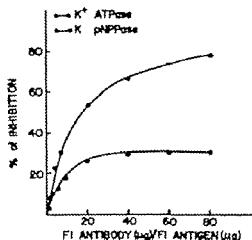


Fig 2 shows the effects of varying concentration of the purified anti  $K^+$ -ATPase  $\gamma$ -globulin obtained from two different rabbits on  $K^+$  ATPase and pNPPase activities of the native enzyme. It is evident from the results that the degree of inhibition of enzyme activities was proportional to the increasing amounts of antibody with maximal inhibition of about 80% for the  $K^+$  stimulated ATPase and approximately 30% for the  $K^+$  activated pNPPase. The control  $\gamma$ -globulin fraction from non immunized rabbit did not inhibit the enzyme activities. Since no inhibition of the basal  $Mg^{2+}$ -ATPase was detected this antibody is specific for the  $K^+$  activation step consistent with its effect on the phosphatase.

However antibodies obtained from two other rabbits did not affect the enzyme activities although showing immunoreactivity when tested by double-diffusion technique against solubilized FI Ag.

Since in this case the antibodies did not inactivate the enzyme activity it was necessary to provide convincing evidence that they were bound specifically to the enzyme and not to impurities. For this purpose FI Ag in native form was incubated with different concentrations of FI AB at 37 C for 30 min. The mixtures were allowed to stand at 4 C





Fig. 3 SDS polyacrylamide gel electrophoresis (FI) purified  $K^+$ -ATPase membrane fraction (AB) FI specific antibody (C) FI Ag FI AB complex. Experiments were carried out as described in the text.

overnight and were then centrifuged at  $100\,000 \times g$  for 60 min. After the pellets were washed by resuspension in water followed by centrifugation for three times, the final immunoprecipitates were dissociated in 1% SDS and electrophoresed as described (28).

Fig. 3 shows the gel pattern obtained from a typical experiment. It can be seen that the immunoprecipitate contains only two polypeptides corresponding to FI Ag and FI AB, indicating a specific non-covalent binding between the two proteins. When FII membrane fraction was incubated with FI AB and experiments carried out as described above, the gel pattern of the immunoprecipitate showed only the presence of FII polypeptides pattern indicating once more that FI AB was specifically produced against FI Ag. This is in agreement with the fact that greater than 95% of the protein in the immunizing FI Ag was  $K^+$  ATPase.

The availability of antibody specifically directed against the membrane bound  $K^+$ -ATPase made it possible for us to determine the localization of

this antigen and its specificity among different tissues

Indirect immunofluorescence technique was applied on hog fundic sections using the purified anti  $K^+$ -ATPase. The staining pattern illustrated in Fig. 4 shows that the majority of the fluorescence is localized in the middle third region of the gastric gland where the majority of parietal cells is present. This strong fluorescence appears also to have mainly a supranuclear apical region distribution which corresponds to the region of the tubulo vesicles or microvilli of the parietal cell.

Sections treated with  $\gamma$ -globulin obtained from sera of non immunized rabbits were uniformly negative. Antrum sections as well as sections from ten other different tissues did not show any positive fluorescence staining confirming the specificity of the FI AB only for the fundic mucosa.

It is often difficult to determine with accuracy the cell type and cell region from which a particular antigen derives just by fluorescent tissue sections especially when it is a complex system like the gastric mucosa. Immunofluorescence studies performed on isolated and separated cells from fundic mucosa could be more informative.

When suspensions of isolated cells from rat stomach were treated with

Fig. 4 Indirect immunofluorescent staining of hog fundic mucosa gland in the middle third region with FI AB (x270)





Fig 5 Staining pattern observed in rat isolated parietal (right) and chief (left) cells with FI AB (x775)

purified anti  $K^+$ -ATPase antibody and goat anti rabbit  $\gamma$ -globulin fluorescent reagent only the parietal cells shows a strong positive staining (Fig 5) On some parietal cells of the same preparation fluorescence was distributed on the entire surface while on most of them a more regular perimeter membrane staining was observed The intensity of the stain was quite pronounced in one region of the cell probably the apical surface (Fig 6) Suspensions treated with  $\gamma$ -globulin from non immunized rabbit were uniformly negative

In conclusion we have demonstrated that antibody raised against and



Fig 6 Immunofluorescent staining of an isolated rat parietal cell with FI anti  $K^+$  ATPase (x775)

specific for a gastric  $K^+$  ATPase membrane system stains by immunofluorescence cells derived from fundic epithelium and does not stain cells originating from other tissues. Thus this antibody appears to be organ specific.

In addition the antibody may well be cell type-specific because it does not stain cells other than parietal. The antigen detected by the anti  $K^+$ -ATPase antibody is located on the parietal cell surface as demonstrated by the perimeter type of immunofluorescence staining.

Because viable, intact cells were used in the present experiments rather than fixed cells, the possibility that the surface antigen detected by anti  $K^+$ -ATPase is also present in the intracytoplasmic vesicular system cannot be ruled out.

The recent technique of ultracytometry (33) for locating antigens and determining their distributions within cells ultrastructurally intact by staining them with ferritin-conjugated antibodies will definitely prove this point. Such studies are presently in progress.

#### ACKNOWLEDGMENT

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Fig 5 Staining pattern observed in rat isolated parietal (right) and chief (left) cells with FI AB (x775)

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Fig 6 Immunofluorescent staining of an isolated rat parietal cell with FI anti  $K^+$  ATPase (x775)

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## Stimulation of Endogenous Cyclic AMP (cAMP) in Isolated Gastric Cells by Histamine and Prostaglandin

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**ABSTRACT:** Suspensions of isolated mucosal cells from rat corpus of high and low parietal cell content were prepared. They were stimulated by theophylline given alone or together with histamine, histamine plus cimetidine, diphenhydramine or mepyramine or prostaglandin  $E_1$ . Cellular cAMP concentration was determined by radioimmunoassay. Theophylline stimulated cAMP levels were similar in all pools. In contrast, histamine stimulated the pools with a high parietal cell content more than the pools with a low content. Prostaglandin  $E_1$  increased cAMP concentration more in pools with a low parietal cell content than in pools with a high parietal cell content. A statistically significant linear regression between stimulation and parietal cell content was obtained in both cases. Histamine action was inhibited by low concentrations of cimetidine but only by very high concentrations of histamine-1 receptor antagonists. It is concluded that histamine stimulates cAMP formation exclusively in parietal cells and that it exerts its effect via an histamine-2 receptor. Prostaglandin  $E_1$  may inhibit cAMP formation of parietal cells. In addition, it stimulates cAMP formation in mucosal cells different from parietal cells.

### INTRODUCTION

Since the fundic mucosa of the stomach contains different cell types, stimulus secretion coupling is difficult to assess (1, 4, 8, 9). In the intact mucosa, both stimulants and inhibitors of gastric acid secretion stimulate cAMP formation. Similar observations were made in membrane preparations of gastric mucosa (2, 5, 12, 13, 18, 19, 20). Therefore, it is not known whether cAMP is formed in parietal cells and whether it



mediates acid secretion

In the present study isolated rat fundic mucosal cell suspensions were divided into fractions containing different cell types. It was shown that cAMP is formed in parietal cells and other cells of the gastric mucosa. Only parietal cell cAMP formation is stimulated by histamine.

## METHODS

### Isolation of cells from rat mucosa

A method modified from Lewin et al. (10) was used. After killing 15 rats by a blow on the head the stomachs were removed. Antra and rumina were removed. The stomach remnants were transformed into everted sacs. These sacs were filled with 1000 PUK/ml pronase solution and incubated for 90 minutes in a gassed (95% O<sub>2</sub>/5% CO<sub>2</sub>) Ca<sup>++</sup> free Hepes/bicarbonate buffer solution. The everted sacs were then gently stirred in a Hepes buffer solution containing 1 mM CaCl<sub>2</sub> and 1 mM MgCl<sub>2</sub> for 30 minutes. Four fractions of isolated cells were obtained and filtered through a nylon mesh. Finally the cells were washed twice to remove all pronase and resuspended to give a final concentration of 3-5 x 10<sup>7</sup> cells/ml.

In order to obtain fractions enriched in parietal cells a serial centrifugation technique modified from Lewin et al. (10) was used (fig. 1).

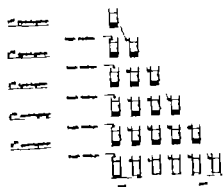


Fig 1 Serial centrifugation of isolated gastric cells. All centrifugation steps are carried out at 100 g for 45 seconds. Each pellet remains in the centrifugation tube and is resuspended by the supernatant from the tube on its left. The pellet in the first tube is resuspended by fresh medium; the supernatant of the tube to far right is transferred into an empty tube. After 5 centrifugation steps pool I contains 45% and pool II 55%.

### Measurement of cAMP formation

A 0.5 ml sample of isolated cells was added to 5 ml of the gassed incubation mixture containing Hepes-buffer at pH 7.4. The mixture was gently shaken in a water bath at 37°C. At zero time the compound(s) to be tested were added together with  $10^{-2}$ M theophylline. After different time periods 0.5 ml samples were transferred from the incubation mixture into tubes which were kept in liquid nitrogen. cAMP was extracted by trichloroacetate and acetylated according to the method by Fraudsen and Krishna (7). A radioimmunoassay with antisera from Schwartz and Man was performed.

### Assessment of cell viability

The cells were counted in a Fuchs-Rosenthal chamber. The rate of cell damage was evaluated by a trypan blue exclusion method. Within 60 minutes the number of unstained cells dropped from initially  $93.7 \pm 6.3\%$  to  $89.2 \pm 8.8\%$  (mean  $\pm$  SD). Pools in which the number of unstained cells was lower than 85% at the beginning of the experiment were discarded. In previous experiments the cells of this type of preparation have been shown to be viable on the basis of their ability to maintain transmembrane ion gradients (H. R. Koelz, Amer. J. Physiol. in print).

### Identification of parietal cells

Parietal cells were identified by staining their succinyl co-dehydrogenase content with nitro-blue tetrazolium (3).

## RESULTS

The cAMP content of unstimulated cells was  $0.45 \pm 0.17$  pmoles/ $10^6$  cells (mean  $\pm$  SD) and remained constant during the 65 minutes observation period. By adding theophylline at a concentration of  $10^{-2}$ M the cAMP content more than doubled within 15 minutes and remained constant thereafter. These results were independent of the parietal cell content (fig. 2).

The histamine-1 receptor antagonists diphenhydramine and mepyramine also inhibited the effect of histamine but only at concentrations 100 to 1000 times higher than the lowest effective dose of cimetidine (fig 6)

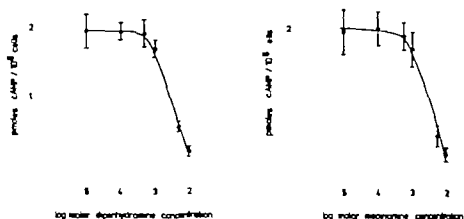


Fig 6 Effect of diphenhydramine and mepyramine on cAMP formation in the presence of  $10^{-4}$ M histamine and  $10^{-2}$ M theophylline ( $\bar{X} \pm \text{SEM}$   $n = 4$ )

At a concentration of  $10^{-2}$ M the two histamine-1 receptor antagonists reduced cAMP concentration below theophylline levels. This effect was observed with parietal cell concentration ranging between 10 and 50%. Figure 7 shows the effect of prostaglandin  $E_1$  at a concentration of 1  $\mu\text{g}/\text{ml}$  on pools with a low parietal cell content. When in addition to theophylline

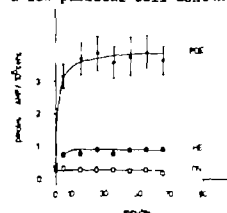


Fig 7 cAMP concentration after stimulation by prostaglandin  $E_1$ . PGE<sub>1</sub>: 1  $\mu\text{g}/\text{ml}$  prostaglandin  $E_1$  given together with  $10^{-2}$ M theophylline. THE:  $10^{-2}$ M theophylline given alone. CON: unstimulated controls. Each point is the mean  $\pm$  SEM of 12 independent measurements. Differences between prostaglandin stimulation, theophylline, and control values are statistically significant  $p < 0.001$ .

prostaglandin  $E_1$  was given a further fourfold increase of cAMP content was observed. Cimetidine and propranolol had no effect on prostaglandin  $E_1$  stimulation of cAMP formation. The parietal cell content of each pool was compared to the cAMP concentration stimulated by prostaglandin  $E_1$ . A negative linear regression was obtained (fig. 8).

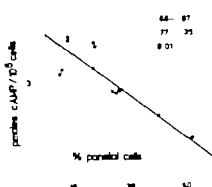


Fig. 8  
Relationship between prostaglandin  $E_1$  stimulated cAMP concentration and parietal cell content in per cent of each fraction. Each point is the mean of 5 consecutive measurements in the same incubation mixture.

## DISCUSSION

In the present study the effect of histamine and prostaglandin  $E_1$  on isolated viable rat gastric cells was studied. By a simple centrifugation technique cell pools with different parietal cell contents were obtained without effecting cell viability. In all tests theophylline was given as a background stimulation in order to produce high and long lasting elevation of cAMP. Interestingly the effect of theophylline was similar in pools with a high and low parietal cell content. In all instances theophylline doubled cAMP content.

The stimulation of cAMP formation in the gastric mucosa by histamine and prostaglandin (2, 6, 12, 17, 20) was confirmed in the present study. However, the two compounds appear to act on two different types of cells. Therefore previous studies in which whole gastric mucosa has been examined may give misleading information on the mechanism by which histamine and prostaglandin effect gastric secretion (12, 18, 19, 20).

The response of a cell pool to histamine was linearly dependent on its parietal cell content. From linear extrapolation of a regression analysis (fig. 3) it is possible to calculate the effect of histamine on pure parietal cells ( $3.46 \pm$

1.79 pmoles cAMP/ $10^6$  cells) and on parietal cell free pools ( $0.89 \pm 0.46$  pmoles cAMP/ $10^6$  cells). The latter value is nearly identical to the cAMP content of unstimulated mucosal cells. Therefore histamine appears to exert its effect only on parietal cells. Here histamine appears to act on  $H_2$ -receptors since its effect is completely inhibited by cimetidine, a specific histamine-2 blocking agent. Histamine stimulated cAMP was also inhibited by diphenhydramine and mepyramine, two histamine-1 receptor blocking agents. This effect however occurred only at extremely high concentrations which also reduced theophylline stimulated cAMP content in the absence of histamine. Therefore the effect of histamine-1 receptor antagonists appears to be nonspecific. An unlikely explanation of the effects observed with histamine-1-receptors blocking agents is the presence within the suspension of mast cells which released effective amounts of endogenous histamine in the absence of exogenous histamine. The volume of the incubation mixture is 100 to 1000 times higher than the volume of the intact tissue. Therefore the concentration of endogenous histamine would be diluted by at least this factor. Furthermore the histamine-1 blockers reduce the cAMP content even below the basal level of the tissue.

Prostaglandin  $E_1$  in contrast to histamine appears to raise cAMP of non-parietal cells. Within the range of the parietal cell contents obtained by our centrifugation method the relationship between this prostaglandin  $E_1$  effect and the parietal cell content is linear. By linear extrapolation the effect of prostaglandin on pools with a parietal cell content of more than 60% can be calculated. Negative values are obtained for pools with a parietal cell content of more than 70%. The most likely explanation for this finding is an inhibition of cAMP formation in parietal cells. An alternative explanation is a nonlinear relationship between parietal cell content and cAMP formation.

It has been postulated that cAMP is the second messenger of gastric acid secretion stimulated by histamine (2 4 13 16) but this role is controversial (1 8 18 19) The data of the present study are compatible with a second messenger role of cAMP because histamine which stimulates gastric acid secretion stimulates the cAMP content of the parietal cells and prostaglandin  $E_1$  which inhibits acid secretion (11 14 15) has no effect on or may even inhibit cAMP formation by these cells The physiological significance of cAMP formation stimulated by prostaglandin  $E_1$  in nonparietal cells is at present unknown

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## Active Transport of Sodium, Respiration and Phosphate Metabolism in the Foetal Gastric Mucosa

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**ABSTRACT:** Changes in active transport of Na  $J_{Na}$  by rabbit foetal gastric mucosa do not follow changes in ATP or ATP/ADP during recovery from anoxia or ouabain inhibition. During anoxia phosphorylcreatine PCr and ATP levels do decline in parallel with  $J_{Na}$ . When Na dependent respiration as well as  $J_{Na}$  ATP/ADP and PCr are all measured the observed inter-relationships can be accounted for if a high energy state (electrochemical activity) common to electron transport and phosphorylation of ADP is the immediate energy source for  $J_{Na}$ .

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There is now a considerable body of evidence to substantiate the theory that the plasma membrane  $Na^+$  pump is energized by the phosphoryl group transfer potential available from the hydrolysis of ATP; the energy being coupled to  $Na^+/K^+$  transport through an enzyme which is an integral component of the membrane structure (1). Such evidence has been obtained almost entirely under conditions in which ATP is not being produced by oxidative phosphorylation as in red cells and ghosts (2-4) or where oxidative phosphorylation has been blocked (5). More recent work has shown that the purified  $(Na^+ + K^+)$ -transport ATPase can be incorporated into the lipid membrane of artificial vesicles when all the standard properties of the transport system are exhibited  $Mg^{2+}$ -ATP-dependence ouabain inhibition asymmetry etc (6).

Studies of active transport of  $Na^+$  across epithelia under aerobic conditions have shown a stoichiometry between rate of transport and oxygen utilisation (7-9). Since the observed active transport has been shown to be inhibited by cardiac

glycosides (10 11) it is generally presumed that the final mediator of the transport is the  $(\text{Na}^+ + \text{K}^+)\text{-ATPase}$  system; and therefore there is only an indirect dependence of active transport on respiration

The present paper reports an attempt to measure the interdependence of respiration phosphate metabolism and rate of active  $\text{Na}^+$  transport; and thus to test the above presumption. The preparation chosen was the 28 day rabbit foetal gastric mucosa: this is a mammalian epithelial  $\text{Na}^+$  transport system which is viable for several hours and whose basic transport properties have been demonstrated previously (12 13)

#### METHODS

The rate of active  $\text{Na}^+$  transport was measured as short-circuit current (s c c) in the presence and absence of  $\text{Na}^+$  on the mucosal side (13). The applicability of the method under extreme conditions e.g. anoxia was confirmed (Rice-Evans & Wright unpublished). Mucosal cell suspensions were incubated at  $35^\circ\text{C}$  in Krebs bicarbonate buffered solution (as used in the s c c experiments see (13)) gassed with  $95\% \text{O}_2 + 5\% \text{CO}_2$  or  $95\% \text{N}_2 + 5\% \text{CO}_2$  in anoxic experiments. In  $\text{Na}^+$  free experiments the  $\text{Na}^+$  was replaced by an equivalent amount of choline.

Oxygen consumption was measured on cell suspensions using a Clarke-type oxygen electrode. For extraction and analysis of ATP ADP and phosphorylcreatine PCr using the method of Lowry *et al* (14) cell suspensions were centrifuged at  $1700 \times g$  for 10 min at  $1^\circ\text{C}$ ; the cell pellet obtained was rapidly weighed and frozen in liquid  $\text{N}_2$ .

#### RESULTS

Viability of the cell suspensions. A value of  $\text{QO}_2$  of  $0.27 \pm 0.07$  ( $n = 5$ )  $\mu\text{-moles O}_2/\text{mg dry wt/hr}$  obtained under control conditions in the presence of  $\text{Na}^+$  agrees closely with values reported by other authors working on suspensions of cell of transport epithelia e.g. (15). In  $\text{Na}^+$ -free Krebs solution  $\text{QO}_2$  was  $0.17 \pm 0.04$  ( $n = 4$ )  $\mu\text{-moles O}_2/\text{mg dry wt/h}$  demonstrating that over 50% of the respiration was  $\text{Na}^+$  dependent and hence performed by an intact cellular

system

Concentrations of ATP ADP and PCr ( $\mu$ -moles/g cell water) under control conditions were  $0.19 \pm 0.03$ ,  $0.35 \pm 0.04$  and  $1.74 \pm 0.31$  ( $n = 6$ ) respectively. These values may be compared with those obtained by Durbin & Michelangeli (16) from isolated frog gastric mucosa after recalculating their figures using a value of 23% for the extracellular water of this tissue (17) to obtain the following concentrations ( $\mu$ -moles/g cell water):  $1.26 \pm 0.08$ ,  $0.19 \pm 0.01$  and  $1.17 \pm 0.06$  for ATP ADP and PCr respectively.

It should be noted that in the foetal cells the concentration of the highly labile PCr is an order of magnitude greater than that of the relatively stable ATP. This situation would only persist in intact viable cells. The ratio ATP/ADP at about 0.5 is an order of magnitude lower than that obtained for frog gastric mucosa; but there is no reason a priori why this should not be so. It should be noted that ATP + PCr concentrations are similar in both the foetal gastric cells and the frog gastric mucosa. Examination of the cells by conventional light microscopy after incubation for 4 hr and application of the eosin exclusion test provided no evidence of cell damage. It is concluded that the foregoing criteria provide adequate evidence of the viability of the cell suspensions used in this work.

The effect of anoxia When the preparations were rapidly made anoxic (Fig 1) the decline in total s.c.c. and  $\text{Na}^+$  dependent s.c.c. ( $J_{\text{Na}}$ ) followed approximately a single exponential. The total s.c.c. and  $J_{\text{Na}}$  fell to 6% and 9% respectively of the initial values in 1 hr. There was a large decrease in the ATP and PCr concentrations in the presence of  $\text{Na}^+$  both along a time course similar to the fall in s.c.c. At 1 hr the ATP concentration was very low and there was a considerable fall in the value of ATP/ADP to about 0.2. There was no significant further decline in PCr after 1 hr which remained at about 50% of the pre anoxic level. In the absence of  $\text{Na}^+$  delayed decreases in PCr and ATP concentrations and ATP/ADP were seen.



Fig 1 The effect of anoxia from time 0  
 ● — ● + Na<sup>+</sup>  
 ○ — ○ - Na<sup>+</sup>  
 Each point represents the mean  $\pm$  S E of mean (n = 5)

The effect of reoxygenation after 1 hour of anoxia. In Fig 2 it is seen that upon reoxygenation the Na<sup>+</sup> dependent  $\dot{Q}_{O_2}$  very rapidly returned to about 90% of the pre-anoxic rate and then fell in a linear manner to a minimum of about 55% of the pre-anoxic rate at about 1.25 hrs after which it rose again at a rate comparable to the fall. Over the same period  $J_{Na}$  increased initially at a maximum rate reaching a maximum of 82% of the pre-anoxic value at about 1 hr after which a slow decline occurred. There was no recovery of the Na<sup>+</sup> independent s c o.

On reoxygenation a rapid rise in the ATP concentration and ATP/ADP was seen. After an initial delay of about 15 min the PCr concentration declined for about 45 min at a similar rate to that seen during the first hour of anoxia after which it

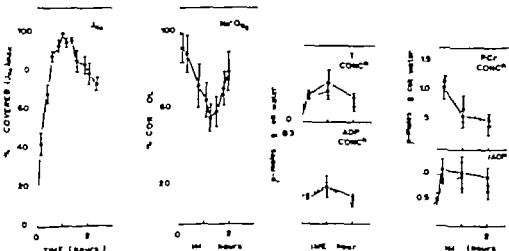


Fig 2 The effect of reoxygenation (from time 0) after 1 hr of anoxia ● — ● + Na<sup>+</sup> ○ — ○ - Na<sup>+</sup> Each point represents the mean  $\pm$  S E of mean (n = 5)

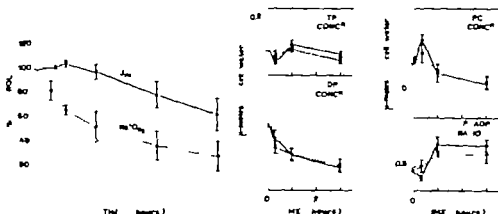


Fig 3 The effect of ouabain ( $10^{-5}M$ ) from time 0 on  $J_{Na}$  and  $Na^{+}QO_2$  each point represents the mean  $\pm$  S.E. of mean ( $n = 4$ ); and on ATP ADP and PCr concentrations and ATP/ADP  $\bullet$  —  $\bullet$  +  $Na^{+}$ ;  $\circ$  —  $\circ$  -  $Na^{+}$  each point represents the mean  $\pm$  S.E. of mean ( $n = 6$ )

plateaued out

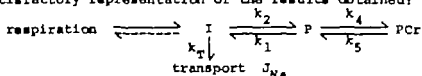
The effect of ouabain Fig 3 shows that the effect of  $10^{-5}M$  ouabain on  $Na^{+}$  transport and metabolism could be divided into two phases. The first phase occurred during the first hour during which  $J_{Na}$  remained steady and the  $Na^{+}$  dependent  $QO_2$  declined at a maximum rate. There was a transient decline in the ATP concentration and ATP/ADP in the presence of  $Na^{+}$  and a transient increase in the PCr concentration. The second phase began after 1 hr when a steady and parallel decline in  $J_{Na}$  and  $Na^{+}$  dependent  $QO_2$  was observed over the following 2 hrs. During this phase there was no significant change in the ATP and PCr concentrations; ATP/ADP was raised in the presence of  $Na^{+}$  to about unity double its initial value.

#### DISCUSSION

If hydrolysis of ATP is the only mechanism for directly supplying energy to the transport mechanism there should be a consistent relationship between the cell ATP concentration or more precisely ATP/ADP (as this is an indicator of phosphoryl group transfer potential) and the rate of  $Na^{+}$  transport. During the rapid decline in  $Na^{+}$  transport with the imposition of anoxia there was a decline in ATP/ADP to a very low value followed by a slow increase which was not associa-

ted with recovery of  $\text{Na}^+$  transport; this could be due to the very low cell ATP concentration persisting. Results of this type have been reported for frog gastric mucosa in relation to transport of  $\text{H}^+$  and  $\text{Cl}^-$  and considered to verify the primary role of ATP hydrolysis in the active transport of ions (16, 18). On recovery from anoxia ATP/ADP rose rapidly and levelled out at the relatively high value of 1.0 at 1 hr; in spite of this  $\text{Na}^+$  transport at this time started to decline having reached its maximum.

The results presented here require a careful examination of the relationship between the  $(\text{Na}^+ + \text{r}^+)$ -transport ATPase system and oxidative phosphorylation with particular regard to the presumption that active transport is under all conditions energized directly by ATP. Since the predicted relationship between  $\text{Na}^+$  transport and ATP concentration or ATP/ADP was not invariably obeyed the following scheme may provide a satisfactory representation of the results obtained:



In this model the immediate energy source for active transport is the intermediate I the rate of  $\text{Na}^+$  transport  $J_{\text{Na}}$  being given by  $J_{\text{Na}} = k_{\text{T}}I$  where  $k_{\text{T}}$  is a rate constant. The dashed arrow represents a feed-back providing respiratory control. P represents the ATP activity at the pump site and will also be taken as synonymous with ATP/ADP. PCr is the phosphorylcreatine activity in the region of the pump site. The subscripted  $k$ 's are rate constants.  $\text{Na}^+$  dependent respiration is an empirical function of time and will be written  $R(t)$ . The kinetic equations for the model are then as follows:

$$\frac{d[I]}{dt} = R(t) + k_1 [P] - \nu_2 [I] - k_T [I] \quad (1)$$

$$\frac{d[P]}{dt} = k_2 [I] - \gamma_1 [P] + k_5 [PCr] - k_4 [P] \quad (2)$$

$$\text{From (2) } r_1 [P] - r_2 [I] = k_3 [PCr] - k_4 [P] = \frac{d[P]}{dt} \quad (3)$$

Substituting (3) into (1) and noting that

$$k_5[\text{PCr}] - k_4[\text{P}] = - \frac{d[\text{PCr}]}{dt}$$

$$\frac{d[\text{I}]}{dt} = R(t) - \frac{d[\text{PCr}]}{dt} - \frac{d[\text{P}]}{dt} - k_T[\text{I}] \quad (4)$$

Since  $\frac{d[\text{P}]}{dt} \ll \frac{d[\text{PCr}]}{dt}$  (4) becomes after rearrangement

$$\frac{d[\text{I}]}{dt} + k_T[\text{I}] = R(t) - \frac{d[\text{PCr}]}{dt} \quad (5)$$

As  $k_T[\text{I}] = J_{\text{Na}}$

$$\frac{1}{k_T} \frac{dJ_{\text{Na}}}{dt} + J_{\text{Na}} = R(t) - \frac{d[\text{PCr}]}{dt} \quad (6)$$

Equation (6) indicates that in general the rate of active transport of  $\text{Na}^+$  is determined by the rate constant  $k_T$ , the  $\text{Na}^+$  dependent oxygen consumption  $R(t)$  and the overall rate of utilisation of ATP measured in this particular system as the rate of decline in PCr. The applicability of equation (6) under various experimental conditions has been tested; in particular to the recovery from anoxia, the effects of anoxia, and the effects of ouabain.

It should be noted that the kinetic model excludes significant  $\text{Na}^+$  dependent production of ATP by anaerobic glycolysis. Control experiments (unpublished) have shown that under the conditions in which these experiments were performed there was no  $\text{Na}^+$  dependent production of lactate.

In Fig. 4 the computed recovery of  $J_{\text{Na}}$  during reoxygenation after 1 hr of anoxia is shown along with the  $\text{Na}^+$  dependent respiration and PCr utilisation. The negative differential of PCr in the presence of  $\text{Na}^+$  determined from the results shown in Fig. 2. The agreement between the observed and computed recovery is satisfactory when  $k_T = 2.6 \text{ hr}^{-1}$ . Although it may be argued that this could arise because of a lack of restriction on the value of  $k_T$ , an estimate of the correct value of this parameter may be obtained explicitly if it is noted that during the first part of recovery  $R(t)$  and  $-d[\text{PCr}]/dt$  are approximately equal and opposite so that equation (6) becomes



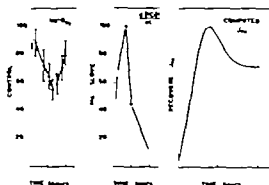


Fig 4 The effect of re-oxygenation after 1 hr of anoxia. For  $\text{Na}^+\text{O}_2$  each point represents the mean  $\pm$  S.E. of mean ( $n = 5$ )

$$\frac{dJ_{\text{Na}}}{dt} + k_T J_{\text{Na}} = \text{constant}$$

The solution of this equation provides an estimate of  $k_T$  from the slope of  $\ln\left(\frac{100 - J_{\text{Na}}}{100}\right)$  plotted against time  $J_{\text{Na}}$  being expressed as a percentage of the maximum transport rate recovered. Fig 5 shows the semi-log plot obtained. The slope of the regression line gives  $k_T = 2.8 \text{ hr}^{-1}$  during the first part of recovery (correlation coefficient = 0.8993  $p < 0.001$ ).

It is also possible to predict the changes in  $\text{Na}^+$  transport with the onset of anoxia ( $R(t) = 0$ ). Thus under this condition the differential equation (6) takes the form in which its solution must be of the same form as  $\frac{d[\text{PCR}]}{dt}$ .

The results given in Fig 1 enable  $\frac{d[\text{PCR}]}{dt}$  to be determined; a semi-log plot showed this function to be given by:

$$\left(\frac{d[\text{PCR}]}{dt}\right)_t = \left(\frac{d[\text{PCR}]}{dt}\right)_{t=0} e^{-3.33t} \quad (7)$$

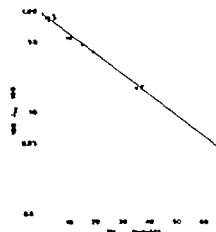
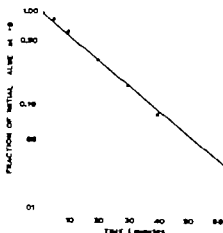


Fig 5 Initial recovery of  $J_{\text{Na}}$  on reoxygenation after 1 hr of anoxia.  $J_{\text{Na}}$  is expressed as % of maximum recovered (at 1 hr).

$\frac{dJ_{\text{Na}}}{dt} + k_T J_{\text{Na}} = 100$  Each set of symbols represents the data of a single experiment.

Fig 6  $J_{Na}$  (● — ●) and PCr utilisation  $d[PCr]/dt$  (○ — ○) during anoxia. The slope of the line corresponds to a rate constant =  $3.33 \text{ hr}^{-1}$  (correlation coefficient = 0.9923  $p < 0.001$ ). The data is derived from Fig 1.



The solution of the general equation for  $J_{Na}$  (equation (6)) should then be of the same form as equation (7) with the same rate constant. Fig 6 shows that during anoxia  $J_{Na}$  and  $\frac{d[PCr]}{dt}$  follow the time course determined by the latter.

The general equation (6) should describe the effects of ouabain if this agent is acting directly on the pump mechanism i.e. reducing  $k_T$  as generally accepted and not as a metabolic inhibitor i.e.  $k_1$ ,  $k_2$ ,  $k_4$  and  $k_5$  are unaffected. The equation thus becomes nonlinear and problems of its solution arise. In a subsequent paper it will be shown by analogue computation based on the kinetic model presented in this paper and without recourse to the empirical functions  $R(t)$  and  $-\frac{d[PCr]}{dt}$  that the effect of ouabain is simulated quite well if  $k_T$  suffers an exponential decline with a rate constant of  $1.0 \text{ hr}^{-1}$ . The results presented here show that 1 hr after ouabain administration ATP and PCr concentrations remained constant and  $J_{Na}$  appeared to be related to  $R(t)$  alone.

If the results presented here can be explained by the immediate energy source for active transport being an electrochemical activity common to energy pressure from respiration on the one hand and from the ATP-ADP couple on the other it is necessary for any proposed mechanism to involve a high-energy state common to the general transport ATPase (common to aerobic and anaerobic systems) and the high-energy intermediate of oxidative phosphorylation. A possible mechanism

is of the type proposed by Mitchell (19 20) for the mitochondrial respiration dependent and ATPase linked proton pump adapted to its more general form as a cation pump realising that the intermediate electrochemical activity could be simply a membrane potential or a chemical entity or a combination of the two (19)

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## Is Anion-sensitive ATPase a Plasma Membrane Located Transport System?

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**ABSTRACT:** Studies on the alleged role of anion-sensitive Mg-ATPase in anion and proton transport across the plasma membrane are reported. It is concluded that the enzyme is located in mitochondria but not in the plasma membrane in rabbit gastric mucosa, trout gill, rabbit kidney and rat pancreas whereas in rabbit erythrocyte membrane it is part of the Ca-Mg activated ATPase system. These findings appear to rule out function of the anion-sensitive ATPase in the transport of anions and protons across the plasma membrane of these tissues.

### Introduction

It has been suggested in 1965 by Durbin and Kasbekar (1) that anion-sensitive Mg-ATPase and carbonic anhydrase are involved in the gastric acid secretion process. This idea was strengthened by the observation that the ATPase is stimulated by bicarbonate and that both the ATPase and acid secretion are inhibited by thiocyanate. In addition, the relatively high carbonic anhydrase activity in the gastric mucosa (2) and the inhibition of gastric acid secretion by the carbonic anhydrase inhibitor acetazolamide suggested that this enzyme could also be involved in the secretory process.

The model proposed by Durbin and Kasbekar (1) was based on the mechanism of the Na-K ATPase cation transport system. Bicarbonate and chloride together would stimulate the enzyme, leading to phosphorylation by ATP and transport of bicarbonate and two chloride transport. Bicarbonate plus proton would react to form the hydration of  $\text{CO}_2$  by the carbonic anhydrase. The proton and chloride ion would constitute HCl secretion.

Since the many reports of studies of the anion-sensitive Mg-ATPase activity in gastric mucosa and the tissues have appeared. The present

if both a mitochondrial and a non-mitochondrial activity in gastric mucosa was claimed (3, 4). Unfortunately the properties of these two activities strongly resembled each other (5). On the other hand Soumarron et al (6) could only detect a mitochondrial but not a plasma membrane bound anion-sensitive Mg-ATPase activity in rat fundus mucosa. Since mitochondria are abundant in the parietal cell (7) contamination of a so-called plasma membrane fraction with mitochondrial fragments cannot easily be prevented. Nature of the anion effect.

The anion-sensitive ATPase is stimulated not only by  $\text{HCO}_3^-$  but also by various other oxyanions like borate, lanite, arsenite, arsenate and sulfite (3, 4).

In a study of the enzyme activity in lizard gastric mucosa using media with only one anion present which is gradually being replaced by another anion (8) we have observed that the enzyme appears to have only one anionic binding site rather than two as suggested by Durbin and Kasbekar (1). We also found that the enzyme activity is inversely proportional to

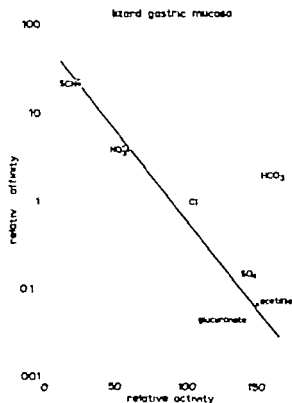


Fig. 1

Relationship between relative anion affinity of  $\text{Mg}^{2+}$ -ATPase and the relative enzyme activity in the presence of each anion (from ref. 8).

the logarithm of the affinity of the anion to the enzyme (fig. 1) although bicarbonate gives about twice the activity expected. Thus the enzyme activity actually seems to be inhibited when an anion is bound to the anionic binding site.

This situation differs sharply from that in Na-K ATPase which has two cationic binding sites one for Na and one for  $K^+$  and where activation of the enzyme takes place upon binding of the two cations. Finally the molar ratio of  $H^+$  transported and ATP hydrolysed by the anion-sensitive ATPase was very low (0.06-0.17) compared to the Na<sup>+</sup>/ATP ratio of 3 for Na-K ATPase.

The findings suggested that the model of Durbin and Kashakar (1) would at least need modification. More serious even was the uncertainty about the localization of the anion-sensitive ATPase in the plasma membrane. Such localization is of course crucial for its alleged role in gastric acid secretion and therefore of active anion transport across the plasma membrane. Hence we have made a critical study of the intracellular origin and characteristics of the enzyme in gastric mucosa and the tissues in which the enzyme had been reported (gill, kidney, pancreas, erythrocyte).

ATPase activities in the main fractions of gastric mucosa

The fractionation techniques have been described elsewhere (9, 10). Fig. 2 shows the distribution of Mg-ATPase activity in the main fractions of rabbit gastric mucosa. The large stimulatory effect of  $HCO_3^-$  and inhibitory effect of  $SCN^-$  is observed in the heavy mitochondrial (10 min

Fig. 2

Distribution of anion-sensitive ATPase activity in main fractions of gastric mucosa. Ratios of the specific activity in  $HCO_3^-$  medium (total column), Cl<sup>-</sup> medium (hatched part of column) and  $SCN^-$  medium (darkest part of column only) to the specific activity of the homogenate in Cl<sup>-</sup> medium are plotted against the point in distribution in percent. Abbreviation: H: the homogenate; M: HM, LM and MICR are the fractions sedimenting at 10 min 1 000 x g, 10 min 10 000 x g, 20 min 20 000 x g and 60 min 100 000 x g respectively. SUP is the remaining supernatant. Means of five experiments with standard errors are given (from ref. 9).



10 000 x g) fraction but the light mitochondrial (20 min 20 000 x g) and microsomal (60 min 100 000 x g) fractions are also anion-sensitive. The Mg-ATPase activity in the supernatant is negligible which indicates that the enzyme activity is membrane bound.

Most authors who claim to have found a non-mitochondrial anion-sensitive Mg-ATPase used a microsomal fraction. Hence we have subjected the microsomal (60 min 100 000 x g) fraction to sucrose density gradient centrifugation and have determined the distribution pattern of the enzyme in the subfractions thus obtained.

#### ATPase activities in the microsomal fraction of gastric mucosa

The distribution pattern of the microsomal (60 min 100 000 x g) fraction is shown in fig. 3. In this fraction two  $\text{HCO}_3^-$ -stimulated Mg-ATPase peaks are observed: one sedimenting at 40–44% (w/v) sucrose (peak II) and one sedimenting at 48–52% (w/v) sucrose (peak III). Peak III coincides with the highest level of cytochrome c oxidase activity and thus appears to be of mitochondrial origin. The Mg-ATPase activity at the top of the gradient (peak I) coincides with the highest level of 5-nucleotidase activity.

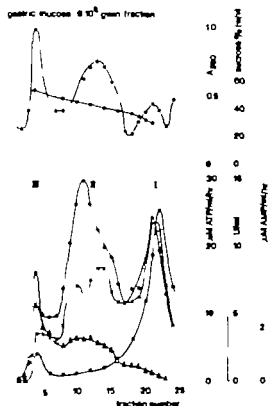


Fig. 3

Enzyme distribution pattern after density gradient centrifugation (16 h 64 000 x g) of microsomal (60 min 100 000 x g) fraction of rabbit gastric mucosa (typical experiment representative for 28 experiments).

Symbol: top: — distribution of sucrose; - - - 280 nm absorbance after dilution and correction; bottom: —○— ATPase activity in  $\text{HCO}_3^-$  medium; —x— ATPase activity in  $\text{Cl}^-$  medium; —△— cytochrome c oxidase activity; —□— 5-nucleotidase activity (from ref. 9).

activity and is with the  $K^+$ -stimulated phosphatase and  $(Na-K)ATPase$  activities and thus this peak probably represent plasma membrane fraction. This fraction is relatively insensitive to stimulation by  $HCO_3^-$  and to inhibition by thiocyanate. A plasma membrane fraction lacking anion-sensitive ATPase activity was also obtained in gastric mucosal microsomes of pig by Fort et al. (11) and Fort by Soumarai et al. (6).

The low cytochrome oxidase level in peak II could suggest a non-mitochondrial origin of this fraction. However, the intracellular markers like glucose-6-phosphatase (smooth endoplasmic reticulum), RNA (rough endoplasmic reticulum) and  $(Na-K)ATPase$  (plasma membrane) do not coincide with the  $HCO_3^-$ -stimulated ATPase activity in peak II. Monoamine oxidase, marker enzyme for the mitochondrial outer membrane (12) has a distribution which partially parallels that of the cytochrome oxidase activity but it is also found at the top of the gradient where an anion-insensitive  $Mg-ATPase$  (peak I) is present. This suggests that the mitochondrial anion-sensitive  $Mg-ATPase$  activity is not located in the mitochondrial outer membrane.

#### Nature of peak II anion-sensitive $Mg-ATPase$

Since the peak II anion-sensitive  $Mg-ATPase$  activity does not coincide with various marker enzyme activities of plasma membrane, endoplasmic reticulum, but only with low level of cytochrome oxidase or monoamine oxidase activity, we have further studied the nature of this ATPase by comparing its characteristics with those of the peak III anion-sensitive  $Mg-ATPase$  activity which appears to be of mitochondrial origin. The effects of various inhibitory substances on the anion-sensitive  $Mg-ATPase$  activity in the two subfractions of the gastric mucosal microsomes summarized in table 1. The  $pI_{50}$ -value of the two preparations and also the rest activities remaining at maximal inhibition are virtually identical. The inhibition of the two activities by aurovertin and ligandycin and particularly the nearly complete inhibition by combination of these two substances strongly suggests mitochondrial origin for both activities.

Further evidence is obtained from the effects of rabbit liver mitochondrial inhibitor protin (13) on both peaks. The results in fig. 4 show that the mitochondrial inhibitor protein affects both anion-sensitive  $Mg-ATPase$  activity peaks. At inhibitor/ATPase-ratio of 205 and 369  $\mu g$  inhibitor/unit<sup>1</sup> ATPase respectively 50% inhibition of ATPase activity is



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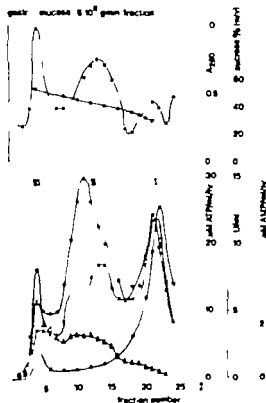


Fig. 3

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Symbols: top: —•— distribution of sucrose; \* 280 mbs absorbance after dilution and correction; bottom: —•— ATPase activity in  $\text{HCO}_3^-$  medium; —x— ATPase activity in  $\text{Cl}^-$  medium; —Δ— cytochrome oxidase activity; —□— 5'-nucleotidase activity (from ref. 9).

obtained. This indicates a somewhat higher sensitivity of the (peak II) ATPase activity which may reflect that these submitochondrial particles are more inhibitor-depleted.

The phospholipid composition of both peaks together with that of subfraction I is presented in table 2. There is a close resemblance between the phospholipid patterns of peak II and III. Peak I shows lower levels of phosphatidylcholine and phosphatidylinositol and higher levels of phosphatidylserine and sphingomyelin which is more like the phospholipid composition of plasma membranes. The high level of diphosphatidylglycerol (cardiolipin) in peak II suggests that this fraction is enriched in mitochondrial inner membranes (14, 15).

The detergent Triton X 100 solubilizes the enzyme activity. With increasing Triton X 100/protein ratios the specific activity of anion-sensitive Mg-ATPase in the supernatant of the microsomal fraction of rabbit gastric mucosa increases while that remaining in the pellet decreases (fig. 5). The optimal ratio is reached at a detergent/protein ratio of 3:1. The amount of protein which is solubilized increases sharply up to a ratio of 1:1 and then rises slowly toward higher ratios.

Since little enzyme activity is solubilized at ratio of 1:1, this reflects the possibility of purifying the enzyme activity by means of step-wise solubilization. The fractions obtained from gastric mucosal microsomes by means of such step-wise solubilization procedure have been analysed by SDS-gel electrophoresis. We observe two dominant protein bands with molecular weights of 64 200 Dalton and 61 600 Dalton and lesser

TABLE 2

PHOSPHOLIPID COMPOSITION OF THREE SUBFRACTIONS OF RABBIT GASTRIC MUCOSA

Phospholipid	Subfraction		
	I	II	III
Phosphatidylcholine	28.0 ± 1.0	28.6 ± 0.5	24.4 ± 0.7
Phosphatidylethanolamine	27.2 ± 0.7	43.5 ± 1.5	49.6 ± 0.7
Phosphatidylinositol	4.7 ± 0.3	6.0 ± 0.4	6.6 ± 0.3
Phosphatidylserine	13.1 ± 1.0	5.3 ± 0.4	4.2 ± 0.2
Sphingomyelin	18.8 ± 1.5	6.7 ± 1.0	6.2 ± 0.7
Lysophosphatidylcholine	2.3 ± 1.6	—	0.9 ± 0.4
Diphosphatidylglycerol (cardiolipin)	1.2 ± 0.4	7.0 ± 1.1	3.1 ± 0.5
Unidentified	4.7 ± 0.6	2.7 ± 0.8	4.2 ± 1.0

Microsomal fraction of rabbit gastric mucosa subjected to density gradient centrifugation. Values are percentages of total phosphorus with standard error of four experiments.

band of 28 500 Dalton (means of two experiments). This protein distribution is very similar to the subunit p 11 of mitochondrial  $F_1$  ATPase from various tissues (16) but differs from the subunit composition of (Na-K)ATPase and Ca-Mg-ATPase which both contain a subunit of about 100 000 Dalton and a subunit of lower molecular weight.

Electron microscopic observations on subfractions of gastric mucosa

Peak I consists mainly of vesicular structures and could originate from the plasma membrane or from microvilli located on the apical cell surface of the parietal cell. The ATPase activity in this subfraction is not anion-sensitive in contrast to that in the morphologically similar vesicular fraction obtained at slightly higher densities (1.09–1.12) from *Necturus oxynticus* cell and dog gastric mucosa by Wiebelhaus et al. (17) and Blum et al. (3). Peak III contains rough endoplasmic reticulum and a considerable number of small sized mitochondria. Peak II has fewer mitochondria, most of them lacking an outer membrane, while lysosomes, rough and possibly smooth endoplasmic reticulum are also present in this fraction.

Further experiments on the origin of peak II

The results of the inhibitor studies, the phospholipid composition and the gel electrophoretic studies strongly suggest that peak II which contains the major anion-sensitive ATPase activity in the microsomal fraction is like peak III of mitochondrial origin.

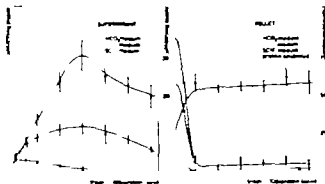


Fig. 5

Effect of Triton X-100 on the solubility of anion-sensitive ATPase activity in the microsomal fraction of rabbit gastric mucosa. Means of 3 experiments are shown with the standard error. Symbol:  $\circ$ -ATPase activity in  $\text{HCO}_3^-$  medium;  $\triangle$ -ATPase activity in  $\text{Cl}^-$  medium;  $\square$ -ATPase activity in  $\text{SCN}^-$  medium;  $\circ$ -percent of protein solubilized.

The difference in density of peak II and peak III and the different ratios between cytochrome c oxidase and anion-sensitive ATPase activity in these peaks still require an explanation.

The higher anion-sensitive Mg-ATPase to cytochrome c oxidase ratio in peak II compared to peak III could reflect activation through loss of an ATPase inhibitor protein (18) or an increase in substrate accessibility of the ATPase during purification.

Recentrifugation of peaks II and III pooled after an initial separation by the normal procedure for 16 h in a density gradient results in the return of both peaks to the same places in the gradient which they occupied after the initial centrifugation. This indicates that the peak II material is not formed from peak III during the initial centrifugation. When the fractions (microsomes 60 min 100 000 x g and light mitochondria 20 min 20 000 x g) resuspended in 55% (w/v) sucrose are placed on top of a layer of 64.5% (w/v) sucrose and subjected to centrifugation by flotation in a gradient of 55 to 30% (w/v) sucrose peak activities of anion-sensitive Mg-ATPase are also found at the normal places in the gradient.

Prolonged centrifugation of microsomal and mitochondrial fractions on a normal sucrose gradient for 65 h instead of the usual 16 h yields about the same enzyme distribution pattern indicating that after 16 h equilibrium has been reached. However, when gradient centrifugation is carried out for only 8 h a different pattern is obtained (fig. 6). At that time peak fraction III has already reached its normal position indicating that

gastric mucosa  $8 \times 10^5$  g-m fraction

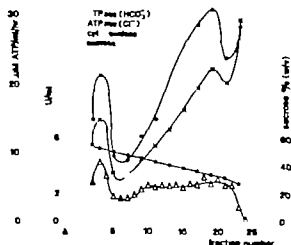


Fig. 6  
Enzyme distribution of gastric mucosal microsomes on the normal density gradient after 8 h instead of the usual 16-17 h centrifugation at 64 000 x g. Activity of ATPase in  $\text{HCO}_3^-$  medium (○) and  $\text{Cl}^-$  medium (×) together with cytochrome oxidase (Δ) and sucrose concentration (—) are shown. Typical experiment representative of two experiments (from ref. 9).

it consists of rather large particles. Peak fraction II is then still near the top of the gradient indicating that the particles in this fraction which contain the peak II  $\text{HCO}_3^-$  ATPase activity must be smaller than those in fraction III. They could originate from disruption of mitochondria which are abundant in the peritubular cell of the gastric mucosa (7). This would also agree with the more evenly distributed cytochrome c oxidase activity in this case.

It thus appears that drastic homogenization of the gastric mucosa could disrupt the mitochondria to such an extent that after 16 h of centrifugation peak II has not yet reached equilibrium. This may possibly explain why Sachs et al. (4) appear to find an anion-sensitive ATPase activity of gastric mucosa in an apparent plasma membrane fraction in the lower-density region of their gradients. Unfortunately they did not describe their tissue preparation and homogenization methods in detail.

#### Observations in other tissues

We have obtained similar conclusions for the localization of anion-sensitive ATPases in various other tissues. The presence of a plasma membrane located anion-sensitive ATPase in rainbow trout gill (9) appears to exclude a role of the enzyme in cellular anion transport in the gill. The results obtained for the brush border membrane fraction and other subcellular fractions of rabbit kidney (19) seem to argue against the postulated role of the enzyme in the bicarbonate reabsorption of the kidney proximal tubule (20, 21). The enzyme activity from rat pancreas which was found to be primarily located in a mitochondrial (15 min 15 000 x g) fraction of this tissue (10, 22) initially appeared to be insensitive towards oligomycin in agreement with the findings of Simon et al. (23). This insensitivity could however be attributed to the high (phospho)lipase activity in the pancreas since removal of  $\text{Ca}^{2+}$  by EDTA during fractionation leads to complete inhibition of the enzyme.

Finally the presence of the enzyme in the rabbit erythrocyte membrane has been confirmed (10, 24). However its characteristics differ from those of the enzyme activity in all other tissues studied. Calcium stimulates the erythrocyte activity whereas EGTA, ruthenium red and chlorpromazine are inhibitory. Hence we conclude that the activity is part of the  $\text{Ca-Mg-ATPase}$  system of the erythrocyte membrane.

### Concluding remarks

We are led to conclude from our experiments that rabbit gastric mucosa rainbow trout gill rabbit kidney and rat pancreas contain only a mitochondrial anion-sensitive ATPase but not a plasma membrane located activity. The anion-sensitive ATPase activity present in the rabbit erythrocyte membrane is part of the  $\text{Ca-Mg}$  activated ATP system. These findings appear to rule out function of the anion-sensitive ATPase in the transport of anions across the plasma membrane in these tissues.

Another candidate for an ionic secretion  $(\text{Na-K})\text{ATPase}$  appears to be only indirectly involved (25, 26). There is now some evidence that an ouabain-insensitive potassium-stimulated ATPase activity reported to be located in the gastric mucosal plasma membrane (11, 27) may be involved in acid secretion (28). This activity is different from the  $(\text{Na-K})\text{-ATPase}$  as shown by phosphorylation experiment with ATP (29). Mitochondrial plasma membrane vesicles containing this enzyme activity have been purified (30) and have been shown to exchange  $\text{H}^+$  ions against  $\text{K}^+$ -ions at the expense of ATP (28, 31, 33; see also paper by Ray and Tague Lewin et al. Saccoccini et al. Michelangeli and Proverbi and Scholes in this volume). Further studies will have to prove that this potassium-stimulated ATPase activity can indeed play the suggested role in gastric secretion and if so how it operates in the parietal cell.

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## Some New Aspects of Anion Pumping by the Turtle Bladder

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**ABSTRACT** In short-circuited turtle bladders bathed on both surfaces by identical  $\text{HCO}_3^-$ -rich choline Ringer media with  $\text{Cl}^-$  the serosal addition of SITS ( $10^{-4}\text{M}$ ) caused a nullification in the  $\text{PD}$  and  $\text{I}_{\text{sc}}$  but a finite reabsorption of  $\text{Cl}^-$  remained. In the absence of exogenous  $\text{Cl}^-$ , the same addition of SITS caused a reversal in the  $\text{PD}$  and  $\text{I}_{\text{sc}}$  which can be attributed to an active electrically-conductive secretion of  $\text{HCO}_3^-$ . This secretion stimulated by theophylline does not necessarily occur co-temporally with the known reabsorption of  $\text{HCO}_3^-$  by this epithelium.

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It has been established that the urinary bladder of the fresh water turtle (*Pseudemys scripta*) dilutes and acidifies the luminal fluid by means of three discrete pump mechanisms for the reabsorption of  $\text{Na}^+$ ,  $\text{Cl}^-$  and  $\text{HCO}_3^-$  (1,7). Recent data to be shown here indicate the presence of yet another pump mechanism presumably for the secretion of  $\text{HCO}_3^-$ . This secretion has been found in short-circuited turtle bladders bathed on both surfaces by identical  $\text{HCO}_3^-$ -rich choline media (in the presence and in the absence of exogenous  $\text{Cl}^-$ ) after exposure of the serosal surface of these bladders to the disulfonic stilbenes (SITS and DIDS). In the absence of exogenous  $\text{Cl}^-$  such data constitute strong evidence for the electrogenicity of this  $\text{HCO}_3^-$  secretion. Some of the experimental details and physiological implications of the findings are discussed below.

Methods used described in detail previously (3) entail the simultaneous mounting of two sections of a single bladder in a double-



barreled Rehm-Wessing chamber. The hemi-bladders were interposed between identical Na-free (choline) Ringer solutions with or without Cl or  $\text{HCO}_3$  (as specified below) and then short-circuited. Ouabain ( $10^{-4}$  M) was added to the serosal fluid andamiloride ( $10^{-5}$  M) to the mucosal fluid. The transepithelial  $I_{\text{sc}}$ , open-circuit potential (PD) and resistance were then monitored before and after the serosal addition of SITS.

Table 1 SITS-induced changes in anion transport-related parameters of bladders in (Cl +  $\text{HCO}_3$ )-containing Ringer

Period	PD mV	$I_{\text{sc}}$ ( $\mu\text{A}/1.5 \text{ cm}^2$ )	$I_{\text{sc}}^{\text{Cl}}$
Group I (n=8) $I_{\text{sc}}^{\text{Cl}}$ decreased			
Control	$50.1 \pm 6.4$	$39.3 \pm 8.8$	$31.5 \pm 8.5$
After SITS	$0.2 \pm 1.2$	$0.4 \pm 1.1$	$17.0 \pm 3.8$
Group II (n=8) $I_{\text{sc}}^{\text{Cl}}$ unchanged			
Control	$31.8 \pm 8.2$	$28.2 \pm 7.5$	$12.9 \pm 2.6$
After SITS	$0.1 \pm 0.5$	$0.0 \pm 0.5$	$11.1 \pm 1.9$

Means of the individual percentage changes were statistically significant for all parameters of both groups with the exception of  $I_{\text{sc}}^{\text{Cl}}$  in group II.

Table 1 shows that after the addition of SITS to the serosal fluid of bladders bathed on both surfaces by identical (Cl +  $\text{HCO}_3$ )-containing choline Ringer media, the transepithelial PD and  $I_{\text{sc}}$  were nullified while the forward (or m-to-s) flux of chloride ( $I_{\text{sc}}^{\text{Cl}}$ ) and the calculated net chloride reabsorption (not shown) remained finite. Nevertheless  $I_{\text{sc}}^{\text{Cl}}$  was significantly decreased in some bladders (SITS-sensitive chloride

flux group) but not in others (SITS-insensitive chloride flux group). The effect of SITS on the backflux (or e-to-m) flux of chloride ( $I_{\text{m}}^{\text{Cl}}$ ) was no different than that expected from aging of the in-vitro bladders (e.g. the mean values of  $I_{\text{m}}^{\text{Cl}}$  were  $4.5 \pm 0.9$   $\mu\text{A}$  before SITS and  $6.7 \pm 1.1$   $\mu\text{A}$  after SITS in 29 other half-bladders).

The finite net reabsorption of chloride ion in the electrically-silent SITS-treated bladders requires the concomitant transepithelial flow of another ion. At present the active secretion of  $\text{HCO}_3$  appears to be the most probable identification of the process that balances this residual net reabsorption of Cl after SITS. This claim is based in part on previously reported data of Leslie et al (8) and Oliver et al (9) and in part on our recent data which are as follows:

(i) SITS produced no significant changes in the e-to-e or e-to-m flux of  $^{36}\text{SO}_4$  in 9 experiments. (ii) Neither the control levels of PD and  $I_{\text{sc}}$  nor the nullification of these parameters after SITS was altered in 3 experiments in which the bladders were bathed by (Cl +  $\text{HCO}_3$ )-containing choline Ringer solutions devoid of exogenous K, Mg and phosphate on the serosal surface and devoid of all of these and Ca on the mucosal surface. Essentially the same findings before and after SITS were found in 2 experiments in which Tris or K was substituted for the choline in both bathing fluids.

Thus by elimination the active secretion of  $\text{HCO}_3$  appears to be the process that balances the active reabsorption of Cl to produce the electrically-silent state of the SITS-treated bladders under these bathing conditions.

If this  $\text{HCO}_3$  secretion were part of a non-conductive (electroneutral) mechanism that mediates a one-for-one exchange of  $\text{HCO}_3$  secretion for Cl

reabsorption then the magnitude of the  $I_{sc}$  could not exceed that of the net  $HCO_3$  reabsorption (or proton secretion) in bladders bathed by  $Cl$ -free,  $HCO_3$ -rich choline media and the serosal addition of SITS should be followed by the reduction of this  $I_{sc}$  to or near zero levels. If on the other hand this  $HCO_3$  secretion were an electrically-conductive flow driven by an independent electrogenic pump the  $I_{sc}$  would be equal to the algebraic sum of the net reabsorption and net secretion of  $HCO_3$ . In this case the addition of SITS might well be followed by a reversal in the orientation of this  $I_{sc}$ .

Table 2. Mean values of PD and  $I_{sc}$  before and after SITS-treatment of bladders in  $Cl$ -free  $HCO_3$ -containing choline Ringer media ( $n=7$ )

Period	PD mV	$I_{sc}$ $\mu A/1.5 \text{ cm}^2$
Control	$26.6 \pm 6.7$	$14.6 \pm 4.3$
After SITS	$-7.3 \pm 6.3$	$-3.5 \pm 0.4$

Minus sign denotes that the mucosa is electronegative to the serosa. Changes shown are statistically significant ( $P < 0.001$ ).

Table 2 shows that the serosal addition of SITS was followed by a sustained reversal in the orientation of the PD and  $I_{sc}$  in 7 organ-treated bladders each of which was bathed on both surfaces by an identical  $Cl$ -free  $HCO_3$ -rich choline Ringer solution. Before SITS the PD and  $I_{sc}$  were in the orientation (as positive is) consistent with active  $HCO_3$  reabsorption (or  $H$  secretion). One hour after the addition of SITS the PD and  $I_{sc}$  reached zero then reversed in orientation so that the mucosal fluid became electronegative to the serosal fluid and remained so for the next 2 to 3 hours.

Figure 1 PD and  $I_{sc}$  versus time before and after the aerosol addition of STB and then theophylline to a bladder bathed in Cl-free  $\text{HCO}_3$ -rich media. Sign conventions are those defined under Table 2

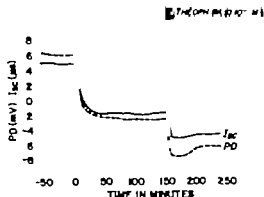


Figure 1 shows the effect in a selected experiment of this group. Also shown is the fact that the addition of theophylline ( $10^{-2}$ M) to both bathing fluids was followed by a doubling in the magnitude of the reversed PD and  $I_{sc}$  in this and in 4 other similarly treated bladders.

This sustained asymmetrical electrical state (m negative a) constitutes sufficient evidence for the active and electrically-conductive translocation of some ion most probably for the secretion of  $\text{HCO}_3$  (in view of the data on ion substitution described above). It should be noted that no matter what its ion composition a finite short-circuiting current cannot be identified solely as an electroneutral process (e.g. ion exchange or ion-pair translocation).

Figure 2 is an electrical circuit model the behavior of which simulates that of open- and short-circuited bladders in Na-rich and Na-free media. Like the net transepithelial fluxes of Na, Cl and  $\text{HCO}_3$  in the bladder the 'trans-network' flux of ion-selective currents in the model depends upon the orientation as well as the magnitude and selectivity of the driving forces (E terms) and upon the magnitude and selectivity of the conductive elements (g terms) in its apical and basal-lateral networks (denoted A1 and B11).

reabsorption then the magnitude of the  $I_{sc}$  could not exceed that of the net  $HCO_3$  reabsorption (or proton secretion) in bladders bathed by Cl-free,  $HCO_3$ -rich choline media and the serosal addition of SITS should be followed by the reduction of this  $I_{sc}$  to or near zero levels. If on the other hand this  $HCO_3$  secretion were an electrically-conductive flow driven by an independent electrogenic pump the  $I_{sc}$  would be equal to the algebraic sum of the net reabsorption and net secretion of  $HCO_3$ . In this case the addition of SITS might well be followed by a reversal in the orientation of this  $I_{sc}$ .

Table 2 Mean values of PD and  $I_{sc}$  before and after SITS-treatment of bladders in Cl-free  $HCO_3$ -containing choline Ringer media ( $n=7$ )

Period	PD	$I_{sc}$
	mV	$\mu A/1.5\text{ cm}^2$
Control	$26.6 \pm 6.7$	$14.6 \pm 4.3$
After SITS	$-7.3 \pm 6.3$	$-3.5 \pm 0.4$

Minus sign denotes that the mucosa is electronegative to the serosa. Changes shown are statistically significant ( $P < 0.001$ )

Table 2 shows that the serosal addition of SITS was followed by a sustained reversal in the orientation of the PD and  $I_{sc}$  in 7 ouabain-treated bladders each of which was bathed on both surfaces by an identical Cl-free  $HCO_3$ -rich choline Ringer solution. Before SITS the PD and  $I_{sc}$  were in the orientation (in positive  $s$ ) consistent with active  $HCO_3$  reabsorption (or H secretion). One hour after the addition of SITS the PD and  $I_{sc}$  reached zero then reversed in orientation so that the mucosal fluid became electronegative to the serosal fluid and remained so for the next 2 to 3 hours.

counted for and represented in physical terms by the operations of the electrical model in Figure 2

When the bladder is treated with ouabain or amiloride or bathed by Na-free media containing Cl and  $\text{HCO}_3^-$  the Na parameters become vanishingly low (i.e.  $\bar{g}_{Na,a} = \bar{g}_{Na,b} = 0$ ,  $I_{Na} = 0$ ) as becomes electropositive to a and the  $I_{sc}$  can be formally represented by the equation

$$I_{sc} = G_t PD_{ms} \quad (1)$$

(by definition) where  $G_t$  is the transepithelial conductance and  $PD_{ms}$  the open-circuit potential. It can then be shown that  $PD_{ms}$  under these conditions is equal to the sum of the products of partial ion conductances ( $\bar{g}$  terms) and electromotive forces (E terms) in the apical membrane or

$$I_{sc} = (G_t) (\bar{g}_1 E_1 - \bar{g}_2 E_2 + \bar{g}_3 E_3) \quad (2)$$

where the subscripts 1, 2, and 3 denote the electrical force terms for  $\text{HCO}_3^-$  reabsorption,  $\text{HCO}_3^-$  secretion and Cl reabsorption respectively. From Kirchhoff's law it follows that

$$I_{sc} = I_1 - I_2 + I_3 \quad (3)$$

Before SITS the magnitude of  $I_1 + I_3$  must exceed that of  $I_2$  as is shown by the observed orientation of  $I_{sc}$  and  $PD_{ms}$ . After SITS under these conditions the PD and  $I_{sc}$  vanish but the net reabsorption of Cl remains finite and balanced by an apparent net secretion of  $\text{HCO}_3^-$  ( $I_2 - I_1$ ). This is because the observed  $I_{sc}$  and PD vanish after SITS which means that the algebraic sum of all driving forces and ion-selective currents must also be equal to zero and consequently

$$\bar{g}_3 E_3 = \bar{g}_2 E_2 - \bar{g}_1 E_1 \quad (4)$$

and

$$I_3 = I_2 - I_1 \quad (5)$$

When all exogenous Cl is removed the bladder is bathed on both surfaces by identical  $\text{HCO}_3^-$ -rich



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are vanishingly low (i.e.  $\bar{g}_3 E_3 = 0$ ,  $I_3 = 0$ ) and the mucosa is electro-positive to the serosa ( $PD_{ms} > 0$ ) which leads to the following  $I_{sc}$  functions

$$I_{sc} = (G_t) (\bar{g}_1 E_1 - \bar{g}_2 E_2) \quad (6)$$

and

$$I_{sc} = I_1 - I_2 \quad (7)$$

Before STIS  $PD_{ms} > 0$  and hence the magnitude of  $\bar{g}_1 E_1$  must exceed that of  $\bar{g}_2 E_2$  and hence the magnitude of  $I_1$  exceeds that of  $I_2$ . After STIS under these Cl-free conditions the orientation of the PD and  $I_{sc}$  reverses so that  $m$  becomes and remains electronegative to  $s$  i.e.  $PD_{ms} < 0$  in the STIS-treated state of these bladders. Since this reversed PD is finite the algebraic sum of the driving forces must be finite and the sum of the ion currents must also be finite. However in contrast to the control state the magnitude of  $\bar{g}_2 E_2$  must exceed that of  $\bar{g}_1 E_1$  and the magnitude of  $I_2$  exceeds that of  $I_1$ . In other words the net secretion of  $HCO_3$  must exceed the net reabsorption in order to be physically consistent with the observed orientation of PD and  $I_{sc}$  in STIS-treated bladders under these Cl-free conditions. Neither this nor any other sustained and finite level of PD or  $I_{sc}$  can be simulated by the sole action of an electroneutral mechanism that mediates a one-for-one exchange of  $HCO_3$  for Cl reabsorption (8, 9, 18).

The assumption that the single primary action of STIS and DHS is to decrease the anion-selective conductance ( $g_{anion}$ ) of the basal-lateral membrane (15, 16) is consistent with the reduction in the PD and  $I_{sc}$  to near-zero levels in bladders bathed by Cl-rich  $HCO_3$ -rich choline media. But this alone cannot account for the reversal in orientation of the PD and  $I_{sc}$  in bladders bathed by Cl-free  $HCO_3$ -rich choline media and consequently one is forced to invoke secondary changes in the electrical

parameters of the apical membrane

For example the concentration of cellular  $\text{HCO}_3^-$  would be expected to increase subsequent to the SITS-induced lowering of  $g_{\text{anion b}}$  in a bladder that had been translocating  $\text{HCO}_3^-$  from m to a prior to the serosal addition of SITS. This increased  $\text{HCO}_3^-$  concentration in the fluid bathing the inner surface of the apical membrane would increase the magnitude of the inherent EMF ( $E_2$ ) and internal conductance ( $g_2$ ) of the putatively electrogenic pump for  $\text{HCO}_3^-$  secretion and decrease that of the inherent EMF ( $E_1$ ) of the pump for  $\text{HCO}_3^-$  reabsorption. The observed SITS-induced reversal of PD and  $I_{\text{sc}}$  requires that these apical membrane changes continue until the magnitude of  $\bar{g}_2 E_2$  exceeds that of  $\bar{g}_1 E_1$ . At this point the net direction of the  $\text{HCO}_3^-$  pumping across the apical membrane is from cell to mucosal fluid which requires that the net transepithelial flow be directed from the serosal to the mucosal fluid. Thus the model can simulate the electrically-silent state ( $\text{PD}_{\text{ms}} = 0$ ) as well as the electrically-asymmetrical state ( $\text{PD}_{\text{ms}} < 0$ ) of SITS-treated bladders under each of the Na-free bathing conditions imposed.

The simultaneous presence of acidification and alkalization mechanisms in the bladder does not necessarily mean the simultaneous operation of these mechanisms: this would be inefficient with respect to maintaining the acid-base balance of the body fluids. On the other hand the mucosal acidification mechanism could be activated under one set of conditions (e.g. acid-ash diet) and the mucosal alkalization mechanism activated under another set of conditions (e.g. alkaline-ash diet). In this connection McKinney and Burg have recently reported the activation of a  $\text{HCO}_3^-$  secretion into the single renal collecting tubes of rabbits that had been ingesting alkaline-ash diets (19).



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## Factors Affecting Pancreatic Anion Secretion

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**ABSTRACT** The effects of several manoeuvres which affect pancreatic fluid and electrolyte secretion have been studied in the isolated perfused cat pancreas. There was found to be no unique requirement for perfusate bicarbonate; several weak organic acid anions could substitute successfully but none were as effective as bicarbonate in promoting fluid secretion. Fluid secretion depended on the concentration of buffer anion in perfusate in the case of acetate and also on the pH of perfusion fluid. Distribution of metabolically produced  $\text{CO}_2$  between perfusate and pancreatic juice was found to be dependent on the pH of the perfusion fluid. Certain osmotically active substances when added to the perfusion fluid affected both fluid secretion and cation and anion concentrations in the juice. Two groups of substances are described with differential effects on anion concentration of the juice.

### Introduction

The bulk of bicarbonate which appears in pancreatic juice is derived from blood; only a small amount (6%) arising from the pancreatic cells (1, 2, 3, 4). However, although the pancreatic secretory rate is linearly related to extracellular fluid bicarbonate concentration (1) it has been shown that in the isolated cat pancreas (2, 4) and in the in vitro rabbit pancreas (3) there is no unique requirement for bicarbonate. Certain weak organic acids (2) and weak organic acid anions (5, 6, 4) can substitute for bicarbonate and promote electrolyte and fluid secretion to varying degrees though none are as effective as bicarbonate.

The mechanism of bicarbonate secretion is still not clear though several models have been proposed (1, 2, 6). The fact that extracellular fluid bicarbonate can be substituted by a range of buffer anions

supports the concept that  $H^+$  or  $OH^-$  is transported primarily (7) though the site of this process is still unknown.

The purpose of this study was to confirm and extend the substitution experiments of Swanson and Solomon (6) using an isolated saline perfused preparation of the cat pancreas (8) and also to investigate the effects of varying the pH of the perfusion fluid on fluid and electrolyte secretion. In addition the effects of adding several inert but osmotically active substances to the perfusion fluid on pancreatic secretion rate and electrolyte content of pancreatic juice are reported.

#### Methods

The isolated perfused pancreas of the cat previously described in detail (8) was used in all experiments. The preparation was modified slightly in that after removal from the animal the pancreas was maintained in a specially-constructed thermostatically controlled plastic box. The gland was perfused with Krebs bicarbonate saline (iso-osmolar with cat plasma) except where indicated in the text and stimulated to secrete maximally by infusion of secretin. Pancreatic juice was collected at ten minute intervals in tared plastic tubes and its rate determined gravimetrically. Samples of juice were analysed for  $Na^+$ ,  $K^+$ ,  $Cl^-$  and  $HCO_3^-$  concentration and osmolality where appropriate. Determinations of organic anions in the juice was by difference from a knowledge of the above. In the pH experiments the pH of the inflow and outflow perfusion fluids was continuously monitored.

#### Results

Effect of substituting perfusion fluid bicarbonate with acetate

The effects of increasing perfusate acetate concentration over a range from 0 to 40 mM are shown in Figure 1. In all cases iso-osmolality was maintained by varying perfusate NaCl concentration and pH was kept constant at 7.4. As can be seen the secretory rate increased almost linearly up to a perfusate acetate concentration of 25 mM but at concentrations above 25 mM secretory rate began to plateau. At equimolar concentrations of 25 mM acetate was found to be only about 45% as effective as bicarbonate in promoting fluid secretion. Maximum fluid secretion was obtained at an acetate concentration of about 50-60 mM but even then only reached about 60% of that obtained with 25 mM bicarbonate.

The effects of 25 mM acetate on anion composition of the juice are shown in Figure 2. The time course of fluid secretion was found to be

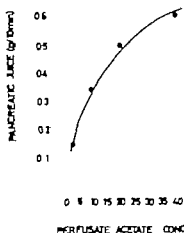


Fig. 1. The results of single experiment to illustrate the effects of varying perfusate acetate concentration on pancreatic secretory rate. In all cases iso-osmolality was maintained by varying NaCl concentration.

Similar to that when bicarbonate was the buffer taking about 40 minutes to reach maximal secretory rate after initiation of a cretin infusion. Again the maximum secretory rate obtained of  $0.5 \text{ g } 10 \text{ min}^{-1}$  was about 50% of that obtained with 25 mM bicarbonate in the perfusion fluid. The most striking feature of the anion composition of the juice was the small amount of bicarbonate appearing in the juice (5-10 mM) even though no bicarbonate was present in the perfusion fluid. Chloride ion appeared in the juice at concentration of about 60 mM which is similar to that found at equivalent secretory rates with bicarbonate as the buffer. The juice acetate concentration was also equivalent to the expected bicarbonate concentration of comparable secretory rates.

#### Effects of other weak organic acid anions

A comparison of the effect of perfusate bicarbonate replacement with



Fig. 2. Effects of substitution of perfusate bicarbonate with 25 mM acetate on pancreatic juice output and anion concentration of the juice when stimulated maximally by secretin for the duration of the black bar.

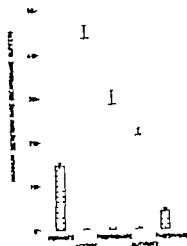


Fig 3 A comparison of the effectiveness of substituting perfusate bicarbonate with 25 mM concentrations of various weak organic acid anions in promoting pancreatic fluid secretion. Fluid secretion is expressed as a % of the maximum secretory rate obtained with 25 mM bicarbonate in the perfusate.

25 mM concentrations of acetate, formate, propionate and butyrate at pH 7.4 is shown in Figure 3. Of those tested acetate was the most effective in supporting pancreatic fluid secretion, being about 44% as effective as an equimolar concentration of bicarbonate. Propionate (29% as effective), butyrate (21%) and formate (15%) were also found to support fluid secretion but to a lesser degree. By comparison phosphate buffer supported secretion to only a small extent, less than 5% of the maximum secretory rate obtained with bicarbonate buffer.

#### Effects of changing perfusion fluid pH

A number of experiments were also performed with perfusion fluid containing 25 mM acetate (replacing bicarbonate) in which the pH of the perfusion fluid entering the gland was varied over a range 6.0 to 8.0 by

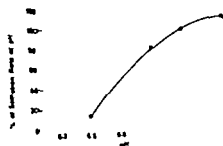


Fig 4 The results of a single experiment to illustrate the effect of changing perfusate pH on pancreatic secretion rate expressed as percentage of the secretion rate observed at pH 7.4.

addition of small amounts of HCl or NaOH. The results are shown in Figure 4 where the secretion rate is expressed as a percentage of that obtained at pH 7.4. As the pH of the perfusion fluid was decreased below 7.4 the secretion rate fell almost linearly and secretion ceased at perfusate pH of about 6.0. At perfusate pH above 7.4 there was little increase in secretion rate.

A number of experiments were also performed in which the pH of the inflow perfusion fluid (25 mM acetate replacing  $\text{HCO}_3^-$ ) was decreased in step-wise fashion from 7.4 to 6.4 and the pH of the effluent perfusion fluid was monitored. Pancreatic secretory rate and bicarbonate ion concentration of the juice were also measured. These results are presented in Figure 5 and show clearly that at an inflow pH of 7.4 the outflow pH was always less (approximately 6.9). As the inflow pH was decreased further so the outflow pH also fell but to a lesser degree such that the difference between the two became less. At an inflow pH of 6.6 this situation was reversed and although the outflow pH also fell it became slightly greater than the inflow. At an inflow pH of 6.4 the difference was more marked and the outflow pH was 0.2 units higher than the inflow.

As observed previously a small amount of bicarbonate also appeared in pancreatic juice (<10 mM) and it was noticeable that as the pH of the inflow was decreased, there was a concomitant fall in  $\text{HCO}_3^-$  concentration of the juice so that at an inflow pH of 6.4 juice  $\text{HCO}_3^-$  concentration was almost zero.

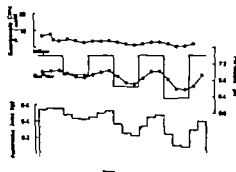


Fig 5 The effect of step-wise reduction of perfusate pH on pancreatic juice output (shaded columns) the pH of the effluent perfusate (outflow) and juice bicarbonate concentration



## Effect of Hyperosmolality

Any theory of electrolyte secretion should be able to account for the effect on secretion of subjecting the gland to an osmotic load. A large number of apparently inert substances was investigated and these produced two groups of compounds with marked differential effects on anion concentration of the pancreatic juice. In all experiments the substance under study was added to normal perfusion fluid in a concentration of 100 mM. In each instance the effects on secretory rate and electrolyte content of the juice were determined by comparing the control period immediately before exposure of the gland to the osmotic load with that of the second collection period during which the gland was perfused with hyperosmolar solution. Of the substances tested four sucrose, arabinose, xylose and sorbitol (Table 1) inhibited secretion by about 70%. These substances also increased the anion and cation concentration of the juice so that equiosmolality between perfusate and juice was maintained within experimental limits. Of the cations  $K^+$  concentration changed very little (about 1 mM) while  $Na^+$  concentration was increased markedly (about 50 mM). With the anion both  $Cl^-$  and  $HCO_3^-$  concentrations were significantly increased but in all experiments the change in  $Cl^-$  concentration was greater than that in  $HCO_3^-$  concentration such that the ratio  $\Delta Cl^- / \Delta HCO_3^-$  was always greater than unity. The second group of substances urea

Table 1 Effects of group I and group II substances on pancreatic secretion rate and changes in electrolyte composition of the juice. Compounds were added to perfusion fluid at concentration of 100 mM

Group I (Osmotic)							Group II (Osmotic)						
Compound	Reduction Sec. Rate	pH	ΔK	ΔCl	ΔHCO <sub>3</sub>	ΔCl/ΔHCO <sub>3</sub>	Compound	Reduction Sec. Rate	pH	ΔK	ΔCl	ΔHCO <sub>3</sub>	ΔCl/ΔHCO <sub>3</sub>
Sucrose	70	7.2	+0.07	13	16	0.8	Urea	0	7.2	+0.07	17	17	1.0
Arabinose	67	7.6	+0.08	12	11	1.1	Sorbitol	67	7.1	+0.07	12	11	1.1
Xylose	67	7.1	+0.07	13	16	0.8	Urea	0	7.2	+0.07	17	17	1.0
Sorbitol	67	7.1	+0.07	13	16	0.8							

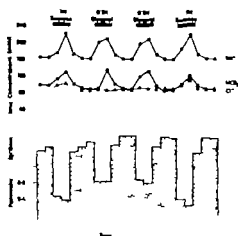


Fig 6 The results of a single experiment to compare the effect of addition of 100 mM concentration of glycerol and sucrose to perfusion fluid on pancreatic secretion rate (tipped columns) and electrolyte composition of the juice

thiourea and glycerol which were more permeable inhibited fluid secretion by approximately 12%, 36% and 48% respectively (Table 1). Again both anion and cation concentrations of the juice were increased and again the cation change was chiefly  $\text{Na}^+$ . However with the anions the greatest change was seen in the  $\text{HCO}_3^-$  concentration such that for these compounds the  $\text{HCl}/\text{HCO}_3^-$  ratio was always less than unity. Of these substances glycerol had the most marked effect in changing  $\text{HCO}_3^-$  concentration of the juice. The results of a single experiment in which the effects of equal hyperosmolar solutions of sucrose and glycerol were compared in the same animal are shown in Figure 6. Both sucrose and glycerol inhibited fluid secretion, sucrose being more effective than glycerol (70% inhibition compared to 50%) and both substances increased anion and cation concentrations of the juice. Neither substance had an effect on  $\text{K}^+$  concentration but both significantly increased  $\text{Na}^+$  concentration. In contrast with the anions, sucrose increased both  $\text{Cl}^-$  and  $\text{HCO}_3^-$  concentrations while glycerol increased only the  $\text{HCO}_3^-$  concentration of the juice.

### Discussion

The results confirm that in the isolated perfused cat pancreas there is a unique requirement for bicarbonate as the buffer in extracellular fluid. Several weak organic acid anions can substitute successfully for bicarbonate though none are as effective in promoting fluid secretion. Of those tested acetate was the most effective though even at perfusate concentrations of 50–60 mM, acetate produced only about 60% of the maximal secretory rate observed with 25 mM bicarbonate. The other anions

propionate formate and butyrate were less effective

These results are similar to those of Swanson and Solomon (6) though we have not been able to confirm that acetate substitution is as effective as bicarbonate in promoting electrolyte and fluid secretion

It was also found that a small amount of bicarbonate was secreted in the juice even when bicarbonate was omitted from the perfusion fluid This can only have come from the pancreatic cell and provides additional evidence to the view that the bulk of pancreatic juice bicarbonate is of extracellular origin The bicarbonate concentration of the juice was found to be in the order of 8-10 mM indicating that only about 6% of normal juice bicarbonate arises from cellular metabolism

The relationship of secretory rate with acetate concentration of the perfusate on the one hand and perfusion fluid pH on the other also confirms the observations of Swanson and Solomon (6) in the *in vitro* rabbit pancreas During the experiments in which the pH of the perfusate was varied it was observed that the normal relationship in which the pH of the effluent perfusion fluid was lower than that of the inflow was reversed when the inflow pH was about 6.6 or lower The concentration of metabolic  $\text{CO}_2$  appearing in the juice was determined by the pH of the inflow perfusate The reversal effect on pH noted above could probably be due to diversion of the  $\text{CO}_2$  from juice to perfusate so increasing the pH of the latter

Osmotic loads when added to the perfusate caused a reduction in secretory rate in proportion to the degree of permeability of the test substance The osmolality of the secretion and perfusate under all conditions was equal within experimental error Group I substances sucrose arabinose xylose and sorbitol (Table 1) were found to be relatively impermeable reducing the secretion rate by about 70% and increasing the concentration of all the ionic components of the pancreatic juice The cation change was almost entirely due to an increase in concentration of sodium whereas in the case of the anions chloride concentration was increased preferentially to that of bicarbonate so that  $\Delta\text{Cl}/\Delta\text{HCO}_3$  was always greater than unity In the case of the Group II (Table 1) substances urea thiourea and glycerol these compounds inhibited secretion by about 12% 36% and 48% respectively The ionic concentrations also increased but did not account for the measured osmolality of the juice consequently one of the test

substances must have entered the juice to an extent determined by their permeability. The anions however exhibited a different behaviour to that described in response to osmotic loads of group I substances. In the case of group II substances they caused preferential increase in bicarbonate so that  $\text{Cl}^-/\text{HCO}_3^-$  was always less than unity.

The site at which these anion changes are brought about is uncertain but could be at the locus of the primary secretion by effects on  $\text{H}^+$  ion secretion or it could be lower in the duct system where  $\text{Cl}^-/\text{HCO}_3^-$  exchange is known to occur.

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The experimental determination of either value is problematic. The magnitude of the membrane potential of Ehrlich cells as determined by different methods varies remarkably. Micropuncture leads to 25 mV (inside negative (2)), possibly an underestimation due to damage of the cell membrane during the impalement of the electrode. Leitons from the distribution of lipid soluble cations (3) or from the fluorescence quenching of cyanine dyes (4, 5) give values of 40–60 mV (inside negative, possibly overestimation due to accumulation of these substances in mitochondria). The  $H^+$  ions distributed according to the membrane potential, the acidity of the cytosol would exceed that of the extracellular fluid by at least 0.4 pH units, assuming a membrane potential of at least 25 mV, inside negative. Since the direct determination by micropuncture has not been employed successfully with Ehrlich cells, so far, the pH difference between cell and medium is usually calculated from the distribution ratio of certain weak electrolytes which penetrate the cell membrane exclusively in the uncharged form.

If, for instance, the weak acid AH is uncharged and permeates, whereas the conjugated base  $A^-$  does not, the intracellular pH is

$$pH_i = pH_e + \log(A^-_i / A^-_e)$$

If, on the other hand, the weak base B is uncharged and permeates, whereas the conjugated acid  $BH^+$  does not, the intracellular pH is

$$pH_i = pH_e + \log(BH^+_e / BH^+_i)$$

It should be pointed out, however, that the determination with an acid AH and a base B gives the same value for the intracellular pH only if there are no compartments of different pH values inside the cell (6). Otherwise, the pH determined with B must always be more acid than that determined with AH. (In the appendix the mathematical derivation is presented.)

Fig. 1 shows schematically a cell which contains two compartments of equal size, one with pH 8.0 and the other with pH 6.0, whereas the extracellular pH is 7.0. Relative to the whole space, there is a fivefold accumulation of the base B as well as

substances must have entered the juice to an extent determined by their permeability. The anion, however, exhibited different behaviour to that described in response to osmotic loads of group I substances. In the case of group II substances they caused a preferential increase in bicarbonate so that  $\Delta\text{Cl}^-/\Delta\text{HCO}_3^-$  was always less than unity.

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## Is There an Active Proton Pump in Ehrlich Cells?

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**ABSTRACT:** Investigations with DMO and benzyllamine as pH indicators show that there are compartments with different pH inside the Ehrlich cell. In respiration cells compartments exist slightly alkaline in respect to the medium while others are by about 1 pH unit more acid. The influence of different inhibitors on the intracellular pH distribution leads to the assumption that the more alkaline compartment represents the cytoplasm. One has to assume that there exists a mechanism pumping protons out of the cell since otherwise a membrane potential inside negative would lead to an acidic cytoplasm.

The metabolic production of acid of animal cells would lead to progressive acidification of the cell interior. If the egress of the  $H^+$  ions through the cell membrane were not possible. Accordingly a continuous delivery of acid from Ehrlich cells can be observed by titration at pH stat condition (1). This process is not influenced by ouabain but totally suppressed by anoxia. From this  $O_2$ -dependence however it does not follow that the transport mechanism for  $H^+$  ions is energy-dependent since the rate of titration might be limited by the metabolic acid production in the cell and not by the capacity of the proton transport system. If it exceeds that of the acid production. Hence it is not clear whether the  $H^+$  ions leave the cell passively down their electrochemical potential gradient or whether they are extruded by primary or secondary active transport.

In the case of active transport the proton concentration in the cytoplasm should be lower than calculated from the Nernst distribution. To test this one must know both the electrical potential difference ( $\Delta\psi$ ) and the pH difference ( $\Delta pH$ ) between cytoplasm and extracellular fluid.



The experimental determination of either value is problematic. The magnitude of the membrane potential of Ehrlich cells as determined by different methods varies remarkably. Micropuncture leads to 25 mV inside negative (2) possibly an underestimation due to damage of the cell membrane during the impalement of the electrode. Calculations from the distribution of lipid soluble cations (3) or from the fluorescence quenching of cyanine dyes (4, 5) give values of 40 - 60 mV inside negative possibly an overestimation due to accumulation of these substances in mitochondria.

If the  $H^+$  ions distributed according to the membrane potential, the acidity of the cytoplasm would exceed that of the extracellular fluid by at least 0.4 pH units assuming a membrane potential of at least 25 mV inside negative.

Since the direct determination by micropuncture has not been employed successfully with Ehrlich cells so far, the pH difference between cell and medium is usually calculated from the distribution ratio of certain weak electrolytes which penetrate the cell membrane exclusively in the uncharged form.

If, for instance, the weak acid AH is uncharged and permeates, whereas the conjugated base  $A^-$  does not, the intracellular pH is

$$pH_i = pH_o + \log(A_i^- / A_o^-)$$

If, on the other hand, the weak base B is uncharged and permeates, whereas the conjugated acid  $BH^+$  does not, the intracellular pH is

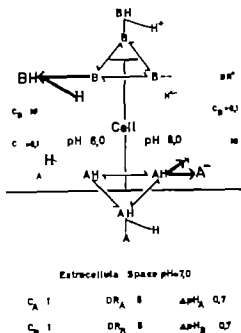
$$pH_i = pH_o + \log(BH_o^+ / BH_i^+)$$

It should be pointed out, however, that the determination with an acid AH and a base B gives the same value for the intracellular pH only if there are no compartments of different pH values inside the cell (6). Otherwise, the pH determined with B must always be more acid than that determined with AH. (In the appendix the mathematical derivation is presented.)

Fig. 1 shows schematically a cell which contains two compartments of equal size, one with pH 8.0 and the other with pH 6.0, whereas the extracellular pH is 7.0. Relative to the whole space there is a fivefold accumulation of the base B as well as

Fig. 1. Heterogeneity of Intracellular pH

Schematic representation of the distribution of a weak acid AH and weak base B as used for determination of intracellular pH



for the acid AH due to a tenfold accumulation of the base in the acid compartment and a tenfold accumulation of the acid in the alkaline compartment. The intracellular pH calculated from these two distribution ratios is 6.3 for the base and 7.7 for the acid respectively. Thus the value determined with the base is approximately that of the acid compartment while the acid monitors rather the alkaline compartment.

This fact that the determination of the intracellular pH by an acid or by a base yields different results is presented in another way on Fig. 2. The pH difference  $\Delta pH_A$  determined by the distribution of the acid is plotted versus  $\Delta pH_B$  that determined by the distribution of a base. Thus each point in this plot represents two pH measurements: the ordinate giving the pH as determined by the acid ( $\Delta pH_A$ ) and the abscissa the pH as determined by the base ( $\Delta pH_B$ ). Applied to our above model system (Fig. 1) this plot yields a point whose location clearly indicates that one of the two compartments is more acid than the medium corresponding to a negative  $\Delta pH_B$  whereas the other is more alkaline than the medium corresponding to a positive  $\Delta pH_A$ . In this plot any such system will be represented by points exclusively located above or on the line  $\Delta pH_A = \Delta pH_B$ . Points on the line represent homogeneous systems. Points above this line represent inhomogeneous systems. The distance of the point from this line is a

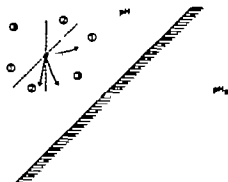


Fig. 2: Heterogeneity of Intracellular pH

Schematic representation of Intracellular pH changes as measured by a weak acid and a weak base

measure of the heterogeneity of the system. Points below this line are forbidden since the pH determined with the base can only be smaller or equal to the pH determined with the acid. The neighborhood of such a point can be divided into three regions. Variation of the pH in the acidic compartment affects mainly the distribution of the base and should therefore shift the point into region 1. Variations of the pH in the alkaline compartment affects mainly the distribution of the acid and should shift the point into region 2. Variations of the pH in both intracellular compartments in such a way that the intracellular pH differences remain uninfluenced results in a shift along the dotted line parallel to the line  $\Delta pH_a = \Delta pH_b$  representing homogeneous systems. If the shift is into region 3 the pH values of the two compartments are varied in opposite direction.

Fig. 3 shows an experimental example for the variation of the pH in the acid compartment of Ehrlich cells. The cells were incubated with various benzylamine concentrations up to 10 mM. A control without addition of unlabelled benzylamine shows that there are remarkable pH differences inside the cell as the point lies far remote

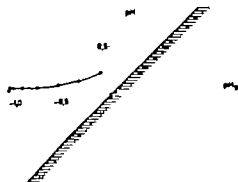


Fig. 3: Influence of increasing benzylamine concentrations on the intracellular pH

Transcellular pH difference calculated from the DMO distribution ( $\Delta pH$ ) is plotted versus that calculated from the benzylamine distribution ( $\Delta pH_b$ ). Benzylamine varied from 0 to 10 mM.

Fig. 4: The effect of various inhibitors on the intracellular pH

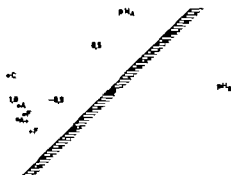
Plot as in Fig. 3

C: control

A: 6  $\mu$ M antimycin A

F: 12  $\mu$ M FCCP

V: 31  $\mu$ M valinomycin



from the line representing homogeneous systems. With rising benzylamine concentration one sees that the distribution ratio of the acid  $^{14}\text{C}$  5,5'-dimethyl-2,4-dione (DMO) is barely affected while the distribution ratio of the base  $^{14}\text{C}$ -benzylamine is diminished. This result is to be expected since the  $\text{H}^+$  ions in the acidic compartments are gradually neutralized by benzylamine.

In the present context the question is what is the acidity of the cytoplasm of the Ehrlich cells under aerobic conditions. As has been shown before, acidic and basic probes give quite different pH values with these cells, thus indicating two major compartments with distinctly different pH (1). It is likely that the cytoplasm, owing to its relative size, refers at least to a major part to one of these compartments, but there is no direct indication whether to the more acid or to the more basic one. Since the mitochondria, owing to their proton pump, tend towards alkalinity aerobically, they are likely to form part of the more basic compartment. Our determination of the cytoplasm would be one pH unit more acid than the medium according to the benzylamine distribution. It is not necessary to assume any other mechanism for the extrusion of  $\text{H}^+$  ions from the cell than leak.

The addition of some inhibitors of mitochondrial metabolism, such as antimycin A, valinomycin, and carbonyl cyanide *p*-trifluoromethoxy-phenylhydrazone (FCCP), causes indeed acidification of the more basic compartment, as can be concluded from the shift of the plotted point almost parallel to the  $\Delta\text{pH}_0$ -axis (ordinate) into the acid region (Fig. 4). The slight deviation to the right could indicate a reduced proton gradient between cytoplasm and medium, the result of the depolarization of the plasma membrane owing to the depletion of ATP necessary for the operation of the electrogenic Na-K-pump (1).

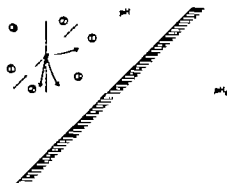


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Schematic representation of intracellular pH changes as measured by a weak acid and a weak base

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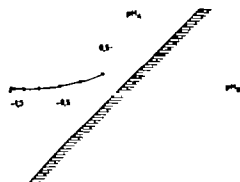


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Transcellular pH difference calculated from the DMO distribution ( $\Delta pH_0$ ) is plotted versus that calculated from the benzylamine distribution ( $\Delta pH_b$ ). Benzylamine varied from 0 to 10 mM.

Table 1: Effect of aerobic glycolysis on pH difference as determined by DMO ( $\Delta\text{pH}_a$ ) and benzylamine ( $\Delta\text{pH}_b$ )

	$\Delta\text{pH}_a$	$\Delta\text{pH}_b$
without glucose	+ 0.05	- 1.42
with 10 mM glucose	- 0.17	1.38

but not the benzylamine distribution (Table 1). That benzylamine does not monitor the cytoplasmic pH is supported by the observation that the addition of 10 mM benzylamine while increasing the pH of the acid compartment by as much as 1 pH unit has no effect on the membrane potential as monitored by the distribution of the lipophilic cation tetraphenylphosphonium ( $\text{TPP}^+$ ) (results not shown). Otherwise, the neutralization of the cytoplasmic  $\text{H}^+$  ions would lead to a passive uptake of protons partially depolarizing the cell.

The most appropriate explanation of the results is that in respiring cells the cytoplasmic pH is nearly the same as the extracellular pH, that the cytoplasmic membrane is impermeable to  $\text{H}^+$  ions, and that there must be an active mechanism for the extrusion of  $\text{H}^+$  ions out of the cell. That the cytoplasmic pH is only slightly different from the extracellular pH was recently shown by  $^{31}\text{P}$ -NMR of different glycolytic intermediates in the Ehrlich cell (9).

An experimental test of the assumption that the cytoplasmic membrane is not passively permeable to  $\text{H}^+$  ions is shown in Fig. 6. To vary the membrane potential cells were incubated in buffers of different  $\text{K}^+$  content in the presence of valinomycin. One sees no influence of the varied membrane potential on the intracellular pH. Only after the addition of the proton conductor FCCP the pH readjusts to the membrane potential. That mainly the pH of the basal compartment is influenced by changes of the membrane potential adds further support to the assumption that DMO monitors the cytoplasmic compartment.

#### Summarizing the results:

1. There exist compartments of very different pH inside the Ehrlich cell.
2. There is evidence that in respiring cells the pH of the cytoplasm differs only slightly from the extracellular pH.
3. The cell membrane is impermeable to passive proton movement.
4. As a consequence one has to postulate a mechanism for translocating protons against the electrochemical potential gradient.

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### Appendix

Cells with  $N$  intracellular compartments (relative sizes  $v_1, v_n, v_N$ ;  $\sum v_n = 1$ ) of different  $\text{H}^+$  ion concentrations ( $\text{H}_1^+, \text{H}_n^+, \text{H}_N^+$ ) are incubated in a medium with a  $\text{H}^+$  ion concentration  $\text{H}_0^+$ . To determine the intracellular pH ( $\text{pH}_i$ ) the distribution ratios of weak electrolytes are used.

1. If a weak acid  $\text{AH}$  is uncharged and permeates, while the conjugated base  $\text{A}^-$  does not, the intracellular pH is calculated from the relation

$$(pH_i) = pH_o + \log R_a$$

The distribution ratio  $R_a$  of the base A is calculated from the distribution ratio  $\bar{R}_a$  of the total concentrations (AH + A<sup>-</sup>) between cell and medium. At equilibrium for the acid AH the distribution ratio  $\bar{R}_a$

$$\bar{R}_a = \frac{\sum v_m (AH_m + A_m^-)}{AH_o + A_o^-} = \frac{1 + K \sum v_m / H_m^+}{1 + K / H_o^+}$$

and the distribution ratio  $R_a$  of the base A<sup>-</sup>

$$R_a = \frac{\sum v_m A_m^-}{A_o^-} = (\bar{R}_a - 1) H_o^+ / K + \bar{R}_a = H_o^+ \sum v_m / H_m^+$$

2. If a weak base B is uncharged and permeates while the conjugated acid BH<sup>+</sup> does not the intracellular pH is calculated from the relation

$$(pH_i)_b = pH_o - \log R_b$$

The distribution ratio  $R_b$  of the acid BH<sup>+</sup> is calculated from the distribution ratio  $\bar{R}_b$  of the total concentrations (B + BH<sup>+</sup>) between cell and medium. At equilibrium for the base B the distribution ratio  $\bar{R}_b$

$$\bar{R}_b = \frac{\sum v_n (B + BH_n^+)}{B_o + BH_o^+} = \frac{K + \sum v_n H_n^+}{K + H^+}$$

and the distribution ratio  $R_b$  of the acid BH<sup>+</sup>

$$R_b = \frac{\sum v_n BH_n^+}{BH_o^+} = (\bar{R}_b - 1) K / H_o^+ + \bar{R}_b = (\sum v_n H_n^+) / H_o^+$$



Since the product of the two distribution ratios

$$\begin{aligned} R_a R_b &= \left( \sum v_m / H_m^+ \right) \left( \sum v_n H_n^+ \right) \\ &= \frac{1}{2} \sum \sum v_m v_n (H_m^+ / H_n^+ + H_n^+ / H_m^+) \\ &= 1 + \frac{1}{2} \sum \sum v_m v_n (\sqrt{H_m^+ / H_n^+} - \sqrt{H_n^+ / H_m^+})^2 \geq 1 \end{aligned}$$

the difference of the pH values as determined by the two methods

$$(\text{pH}_1)_a - (\text{pH}_1)_b = \log(R_a R_b) \geq 0$$

q.e.d.

## Transepithelial Permeability in the Rabbit Pancreas

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**ABSTRACT:** In the isolated rabbit pancreas there is a transepithelial pathway which is permeable for cations and small neutral molecules. Using a number of neutral radioactive molecules with increasing molecular size it has been shown that the larger the molecule the more difficult is its permeation. Stimulant of the enzyme secretion process increases the permeability of this pathway. This effect is relatively the largest for the diaccharides sucrose and lactose. Comparison of these results with determinations of extracellular space suggests that this transepithelial pathway is paracellular.

### Introduction

The pancreas secretes a fluid which is isotonic with the plasma and contains the digestive enzymes produced by this organ. Calcium ions are thought to mediate the effect of pancreozymin and acetylcholine on the secretion of digestive enzymes. Hence an analysis of the calcium content of the secreted fluid might be of importance for our understanding of the stimulus-secretion process in this organ. Various authors found a linear correlation between the concentrations of calcium and protein in the secreted fluid but that is less protein-independent calcium fluxion (1-4). The latter fraction amounts in the isolated rabbit pancreas to calcium concentration of about 1 mM which is 30-40% of that in the bathing medium (5, 6). We also found that this protein-independent calcium flux is dependent on the concentration of calcium in the bathing medium suggesting that it follows a paracellular transepithelial pathway. When we also studied the magnesium concentration in the secreted fluid we found that the behaviour of this ion is at least qualitatively similar to that of calcium (6).

In experiment where  $^{45}\text{Ca}$  and  $^{28}\text{Mg}$  was added to the bathing medium of the isolated rabbit pancreas the isotope equilibrated in about 30 min.

with the protein-independent part of the calcium and magnesium fluxes in the secreted fluid (5-6). When  $^3\text{H}$ -mannitol was added to the bathing medium this compound appears also in 30 min in the secreted fluid. This suggests that the transepithelial pathway is at least permeable for divalent cations and mannitol (5).

A second effect of this transepithelial pathway which we observed is that after stimulation of the enzyme secretion with carbachol the concentrations of  $^{45}\text{Ca}$ ,  $^{28}\text{Mg}$  and  $^3\text{H}$ -mannitol in the secreted fluid further increase, reaching a peak after about 40 min, which is 20 min after the appearance of the enzyme peak in the secreted fluid. After the appearance of the peak the concentrations decrease again, but in most cases the original level is not reached. The reason for this transient increase in permeability and its physiological significance are not known.

We therefore decided to investigate the properties of this transepithelial pathway in more detail by studying the permeability of a series of compounds with increasing molecular weight in the isolated rabbit pancreas.

#### Materials and Method

Carbachol is purchased from ACF Chemiefarma, Maastricht, the Netherlands; ceruletide and bombesin are donated by Dr R. de Castriglione (F. ruitalia, Milan, Italy).  $^{14}\text{C}$ -Urea (spec. act. 60 mCi/mmol),  $^{14}\text{C}$ -glycerol (spec. act. 38 mCi/mmol),  $^{14}\text{C}$ -erythritol (spec. act. 2.3  $\mu\text{Ci}/\text{mmol}$ ),  $^{14}\text{C}$ -mannitol (spec. act. 60 mCi/mmol),  $^{14}\text{C}$ -lactose (spec. act. 60 mCi/mmol),  $^{14}\text{C}$ -sucrose (spec. act. 5.1 mCi/mmol) and  $^3\text{H}$ -inulin (spec. act. 900 mCi/mmol) are obtained from The Radiochemical Centre, Amersham, U.K.

The preparation of the isolated rabbit pancreas, the incubation medium and the fraction collection have been described previously (5). The radioactive compounds are added to the bathing medium in 2 mM concentration. The radioactivity in the secreted fluid is expressed as the percentage of the concentration in the bathing medium. In the experiment with cold sucrose the concentration in the bathing medium is 5 mM and the sucrose content in the secreted fluid is analysed in 15 fast and of 5 min fraction.

The amount of secreted fluid is determined by weighing. Protein is determined according to Lowry et al. (7) on a microscale with bovine serum albumin (Behringwerke) serving as standard. The concentration of the radioactive compounds in the secreted fluid is determined by adding 20-50  $\mu\text{l}$  samples of secreted fluid and bathing medium to Bray's solution

(10 ml) and counting the mixture by liquid scintillation spectroscopy. In the experiments with cold sucrose this compound is analysed by measuring the amount of NADPH formed after hydrolysis of the sucrose by  $\beta$ -fructofidase followed by oxidation of the resulting glucose by mixture of hexokinase and glucose-6-phosphate dehydrogenase in the presence of ATP and NADP (8). The sugars in the secreted fluid are analysed by thin layer chromatography on Chromasheet 500 (Mallinckrodt) using chloroform-methanol-acetic acid 70:30:15 as developing solvent.

Determination of the extracellular space in rabbit pancreas slices is essentially as described for mammary gland slices (9) with the difference that besides  $^3\text{H}$ -inulin a series of other radioactive compounds is used.

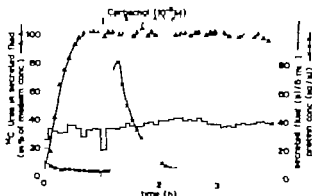
### Results and Discussion

The isolated rabbit pancreas secretes at nearly constant rate during the maximal 4 hours of each experiment (fig. 1, 3). When after 60–90 min of incubation carbachol is added to the bathing medium there is in most experiments a brief reduction in the fluid secretion rate. The reason for which is unknown. Addition of carbachol always results in a marked increase in enzyme secretion, resulting in a peak after 15–20 min (fig. 1, 3). The time lapsing between addition of the stimulant and the appearance of the enzyme peak reflects mainly the transport time of the enzyme from the point of origin to the end of the pancreatic duct.

Fig. 1 shows an experiment in which 2 mM  $^{14}\text{C}$ -urea is added to the bathing medium at the beginning of the experiment. After about 40 min the concentration in the secreted fluid has equilibrated with that of the bathing medium. After stimulation with  $10^{-5}\text{M}$  carbachol no further change in the

Fig. 1

Permeability of  $^{14}\text{C}$ -urea in the isolated rabbit pancreas. At  $t=0$  2 mM  $^{14}\text{C}$ -urea and at  $t=1\text{h}$   $10^{-5}\text{M}$  carbachol is added to the bathing medium. Rate of fluid secretion (—) and concentrations of protein (—x—) and  $^{14}\text{C}$ -urea (—o—) in the secreted fluid are measured.



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concentration however does not exceed 5% of that in the bathing medium. In this case stimulation of the enzyme secretion with carbachol causes a very marked increase in the concentrations of these compounds in the secreted fluid. A peak is reached about 35 min after addition of the stimulant (i.e. about 20 min after the appearance of the enzyme peak). Thereafter the concentration of the radioactive compound in the secreted fluid decreases again but it does not return to the original level.

Table I shows that the magnitude of the carbachol effect on the concentration of the disaccharides in the secreted fluid after stimulation depends on the carbachol concentration. The small effect observed with  $10^{-7}$  M carbachol may not be significant since in the absence of stimulation there is also an increase in the concentration of the radioactive compound.

When the decapeptide arulitide (caerulein  $6 \cdot 10^{-9}$  M) and the tetradecapeptide bombesin ( $4 \cdot 10^{-9}$  M) are used to stimulate the enzyme secretion the effects on the appearance of sucrose in the secreted fluid are the same as with  $10^{-5}$  M carbachol.

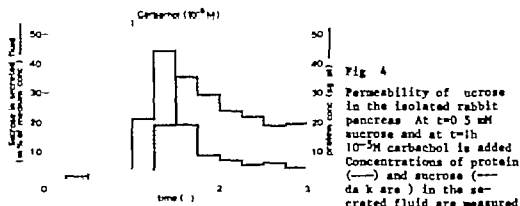
To make sure that in the experiments with  $^{14}$ C-sucrose the measured radioactivity can be attributed to the intact disaccharide two additional

TABLE I

EFFECT OF CARBACHOL ON CONCENTRATIONS OF SUCROSE, LACTOSE AND PROTEIN IN THE SECRETED FLUID OF THE ISOLATED RABBIT PANCREAS

Carbachol concentration	SUCROSE		PROTEIN	
	before stimulation	after stimulation	after stimulation	ti
$10^{-5}$ M	$3.4 \pm 0.2$	$21.4 \pm 2.7$	$15.0 \pm 2.6$	3
$10^{-6}$ M	$4.8 \pm 1.0$	$7.4 \pm 0.9$	$6.2 \pm 1.9$	4
$10^{-7}$ M	$5.3 \pm 0.2$	$6.3 \pm 0.7$	$1.1 \pm 0.1$	2
no stimulation	$4.5 \pm 0.1$	$5.8 \pm 0.1$	$1.0 \pm 0.1$	2
	LACTOSE		PROTEIN	
	before stimulation	after stimulation	after stimulation	ti
$10^{-5}$ M	$5.1 \pm 0.5$	$30.9 \pm 1.0$	$11.9 \pm 3.7$	3
$10^{-6}$ M	$5.1 \pm 0.2$	$9.7 \pm 0.6$	$8.0 \pm 0.5$	2

Values for sucrose and lactose represent the percentage of the concentration of the label in the bathing medium (2 mM) before stimulation of secretion to the value during the 30-min period before addition of carbachol. After stimulation the average value 35-45 min after addition of the stimulant. Values for protein secretion represent the difference between the secreted amount of protein in the 30-min period after addition of carbachol and that before addition. Values are given with S.E.M.; n represents the number of experiments.



experiment have been performed. First analysis of the sugars in the secreted fluid by thin layer chromatography shows that all radioactivity is in the sucrose spot. Secondly non-radioactive sucrose instead of  $^{14}\text{C}$ -sucrose is added to the bathing medium and the sucrose content in the secreted fluid is analyzed enzymatically (fig. 4). Essentially the same observation is made as with  $^{14}\text{C}$ -sucrose confirming the conclusion that upon stimulation the pancreatic epithelial tissue becomes permeable for intact disaccharides.

The question now arises whether the transepithelial pathway leads through the cells or through the so-called tight junctions between the cells. In the first case one would have to assume that these radioactive compounds penetrate into the cells in particular after stimulation with carbachol when they are incubated with rabbit pancreas slices.

TABLE II

PERCENTAGE OF TOTAL TISSUE WATER REACHED BY RADIOACTIVE MARKERS IN RABBIT PANCREATIC SLICES

Compound used	unstimulated	stimulated
urea	95 ± 4.9 (4)	
glycerol	157 ± 7.6 (4)	
erythritol	81 ± 5.6 (5)	
mannitol	48 ± 2.5 (3)	
lactose	40 ± 1.3 (5)	42 ± 1.7 (4)
sucrose	39 ± 1.6 (6)	40 ± 1.4 (4)
inulin	33 ± 1.3 (10)	-

Values are given with S.E.M. and between parentheses the number of determinations. Carbachol ( $10^{-5}$ M) has been used as stimulant and is present during the 90-min incubation period.

This has been studied by determining the space occupied by these radioactive compounds which would then exceed the extracellular space if the space occupied by a non-penetrable compound like inulin. Table II shows that the extracellular space measured with  $^{14}\text{C}$ -inulin is about 33%. The spaces occupied by sucrose, lactose and mannitol are not or only slightly larger than that of inulin. The tendency towards somewhat large values may be due to the fact that part of the extracellular space can be better reached by small molecules than by inulin. Moreover, the finding that the sucrose and lactose spaces do not increase upon stimulation with carbachol strongly suggests that these compounds do not enter the cells. On the other hand, urea, glycerol and to a smaller extent erythritol appear to penetrate into the cells. The high value for glycerol may be due to metabolism of this compound in the cells.

These experiments suggest that the transepithelial pathway is paracellular, i.e. through the tight junctions. This finding raises several questions. First, where is this paracellular route located: between ductular cells or in the cleft between inner acinar/centro-acinar cells? Secondly, what is the mechanism of the increase in permeability after application of stimulants of the enzyme secretion and why is the response low? Possibly there is a change in the morphology of the tight junctions between the acinar cells as a result of the restoration of the apical membrane surface of these cells after stimulation of the enzyme secretion. Thirdly, what is the physiological function of this phenomenon if there is any? While it could be an artifact occurring only in the isolated rabbit pancreas, it may also be an important phenomenon taking place also in other epithelial tissues and playing a role in the regulation of the electrolyte composition of secretory fluids. Further studies of this phenomenon are therefore in order.

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## $\text{Ca}^{++}$ Control of Electrolyte Permeability Effect on $\text{Na}^+$ Fluxes in Isolated Membrane Vesicles from the Cat Pancreas

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**ABSTRACT:** The influence of  $\text{Ca}^{++}$  on  $^{22}\text{NaCl}$  efflux from isolated membrane vesicles of cat pancreas has been measured. The data presented show that  $\text{NaCl}$  efflux is increased in the sequence:  $\text{Ca}^{++}$  present at the vesicle outside only  $\text{Ca}^{++}$  present at both sides  $\text{Ca}^{++}$  present at the inside only. Increasing  $\text{Ca}^{++}$  concentration ( $10^{-6}\text{M}$ – $10^{-3}\text{M}$ ) applied to the vesicle inside to a constant  $\text{Ca}^{++}$  concentration at the vesicle outside ( $10^{-4}\text{M}$ ) showed increased rate of  $^{22}\text{NaCl}$  efflux. The data support the hypothesis that the  $\text{NaCl}$  permeability in pancreatic acinar cell membranes is controlled by  $\text{Ca}^{++}$ .

### INTRODUCTION

During the last years a large body of evidence has been obtained indicating that in the action of several hormones calcine has the function of an intracellular second messenger. In secretory tissues these hormones stimulate the secretion of electrolytes and fluid. The mediator of secretagogues most likely influence either active transport or the permeability of the cell membrane of those electrolytes involved in secretory processes. Concerning the exocrine pancreas indirect evidence suggests that  $\text{Ca}^{++}$  is the mediator of the effect of acetylcholine and pancreozymin on both enzyme  $\text{NaCl}$  and fluid secretion. Electrophysiological studies have shown that depolarisation induced by secretagogues can be explained as due to an increased permeability of the contraluminal cell membrane to  $\text{Na}^+$  and  $\text{K}^+$  (1,2). Further evidence for  $\text{Ca}^{++}$  mediated increase in  $\text{Na}^+$  permeability came from the observation that

$\text{Ca}^{++}$ -dependent depolarization could be induced by the  $\text{Ca}^{++}$  ionophore A23187. In the absence of  $\text{Na}^+$  this depolarization was abolished suggesting that depolarization is due to an increased influx of  $\text{Na}^+$  resulting from a  $\text{Ca}^{++}$ -mediated increase in  $\text{Na}^+$  permeability (3). In addition the finding that intracellular  $\text{Ca}^{++}$  application results in membrane depolarization similar to that evoked by acetylcholine suggests that the acetylcholine effect is caused by a rise of intracellular free  $\text{Ca}^{++}$  which in turn influences the  $\text{Na}^+$  permeability (4).

In order to get a direct proof if intracellular  $\text{Ca}^{++}$  increases the  $\text{Na}^+$  permeability of pancreatic cell membranes we have studied the influence of  $\text{Ca}^{++}$  on  $\text{Na}^+$  fluxes in isolated membrane vesicles from cat pancreas.

Our data show that in isolated pancreatic membranes  $\text{Ca}^{++}$  applied at the vesicle outside decreases but  $\text{Ca}^{++}$  at the vesicle inside increases the  $\text{NaCl}$  permeability. These observations therefore support the hypothesis that  $\text{Ca}^{++}$  acts as a second messenger exerting a direct effect on the membrane permeability for those electrolytes which are finally secreted from the acinar cells.

## METHODS AND RESULTS

Plasma membranes were prepared by zonal centrifugation on an exponential ficoll-sucrose gradient by a previously described method (5). Briefly it involves mincing and homogenization of cat pancreas in an ice-cold sucrose buffer by means of a hand-operated glass-teflon homogenizer and centrifugation of the material for 3.5 hrs at 100 000 g through a continuous exponential ficoll-sucrose gradient formed in a Beckmann Ti 14 zonal rotor. Four protein bands were recovered from the gradient which referred to plasma membranes, endoplasmic reticulum, mitochondria and zymogen granules as determined by electron microscopy and the presence of typical marker enzymes for the respective organelles (5).

The plasma membrane fraction enriched in  $(\text{Na}^+/\text{K}^+)$ -stimulated  $\text{Mg}^{++}$  dependent ATPase, hormone-stimulated adenylate cyclase and 5'-nucleotidase was used for  $^{22}\text{Na}$ -efflux experiments. The tightness of these vesicles was shown by their response to L-alanine uptake at different os-

molarities indicating a correlation between intravesicular space and the amount of L-leucine taken up (6)

To test the influence of Ca<sup>++</sup> on Na fluxes in these membrane vesicles they were preincubated for 20 hrs in 200 mM mannitol + 10 mM <sup>22</sup>NaCl pH 7 at 4°C. If the effect of Ca<sup>++</sup> from the inside of the vesicles from both sides was to be tested the preincubation medium contained Ca<sup>++</sup> at different concentrations. Ca<sup>++</sup> concentrations of 10<sup>-5</sup> M and lower were adjusted by a Ca<sup>++</sup>-EGTA buffer. After preincubation an aliquot of this membrane suspension was transferred to the incubation medium which contained 200 mM mannitol with or without Ca<sup>++</sup> but without Na. Dilution was 50-fold. At different periods an aliquot of this incubation medium was filtered through Millipore filter (BAWP 02500) and washed with ice-cold 200 mM mannitol solution. Filter were dissolved in 10 ml Bray solution and counted in Packard Tricarb scintillation counter.

As shown in Fig. 1 10<sup>-4</sup> M Ca<sup>++</sup> concentration applied from the inside of the vesicles increased <sup>22</sup>NaCl efflux as compared to that when Ca<sup>++</sup> was present at both sides whereas Ca<sup>++</sup> being present at the outside only decreased <sup>22</sup>NaCl efflux. After 15 hr all <sup>22</sup>Na efflux data reached the same equilibrium value which was 2% of the amount of <sup>22</sup>NaCl remaining in the vesicles as compared to the original value at 0 time. When mimicking the situation in vivo with a high extracellular and a low intracellular Ca<sup>++</sup> concentration the effect of low Ca<sup>++</sup> concentrations at the inside of membrane vesicles is even more pronounced as shown in Fig. 2. At Ca<sup>++</sup> concentration at the inside of the vesicles as low as 10<sup>-6</sup> M the flux rate already increased to a value twice that obtained in the absence of intravesicular Ca<sup>++</sup>. At the highest inside Ca<sup>++</sup> concentration tested (10<sup>-3</sup> M) the rate of <sup>22</sup>Na efflux was even six times higher than without Ca<sup>++</sup> at the vesicle inside.

When vesicles were preincubated with the Ca<sup>++</sup> ionophore A23187 the effect of both Ca<sup>++</sup> at the outside only or Ca<sup>++</sup> at the vesicle inside only was abolished (data not shown). The effect of Ca<sup>++</sup> observed on NaCl efflux was not comparable to that on either RbCl or CsCl efflux. In both cases Ca<sup>++</sup> at 10<sup>-4</sup> M had small effect (about 60% increase) when applied from the outside but had no effect when applied from the inside (data not shown). When the cations were tested on their

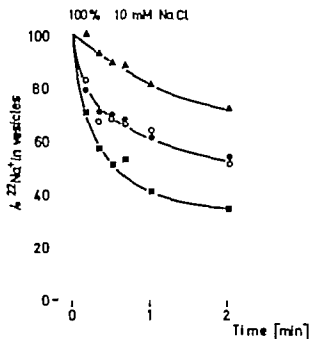


Fig. 1. Effect of  $\text{Ca}^{++}$  on  $^{22}\text{NaCl}$  efflux plasma membrane vesicle of cat pancreas: o - o without  $\text{Ca}^{++}$ ; ~ with  $\text{Ca}^{++}$  at both sides of the vesicle ( $1 \times 10^{-4}\text{M}$ ); Δ - Δ with  $\text{Ca}^{++}$  at the vesicle outside ( $1 \times 10^{-4}\text{M}$ ); ■ - ■ with  $\text{Ca}^{++}$  at the vesicle inside ( $1 \times 10^{-4}\text{M}$ ).

effects on  $^{22}\text{NaCl}$  efflux the results showed that  $\text{Sr}^{++}$ ,  $\text{La}^{+++}$  and  $\text{Co}^{++}$  had a comparable effect on  $^{22}\text{NaCl}$  efflux as  $\text{Ca}^{++}$ .  $\text{Mn}^{++}$  and  $\text{Ba}^{++}$  had no effect when applied from the inside but inhibited  $^{22}\text{NaCl}$  efflux when applied from the outside. The effect of  $\text{Hg}^{++}$  was similar to that of  $\text{Ca}^{++}$  although smaller.

To check whether the observed effects of  $\text{Ca}^{++}$  were due to a change of  $\text{Na}^+$  or  $\text{Cl}^-$  permeability and not to interference of  $\text{Ca}^{++}$  with  $\text{Na}^+$  binding sites it was necessary to establish that at 10 mM  $\text{Na}^+$  the concentration used in our experiment  $\text{Na}^+$  fluxes and not displacement of  $\text{Na}^+$  by  $\text{Ca}^{++}$  were measured. A Scatchard plot of the amount of  $\text{Na}^+$  taken up at varying initial  $\text{Na}^+$  concentrations showed that above 2.5 mM a

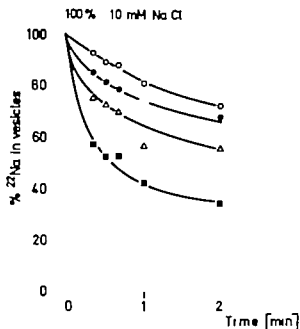


Fig. 2. <sup>22</sup>Na efflux from membrane vesicles at different Ca<sup>++</sup> concentrations to the inside but at constant Ca<sup>++</sup> concentration (10<sup>-4</sup>M) to the vesicle outside: — without Ca<sub>i</sub>; — with 10<sup>-6</sup>M Ca<sub>i</sub>; △ △ with 10<sup>-4</sup>M Ca<sub>i</sub>; ■ ■ with 10<sup>-3</sup>M Ca<sub>i</sub>.

no slope was observed as would be expected if uptake into a non-saturating intravesicular volume. Below 2.5 mM the slope of the line suggests that some binding may occur which accounted for about 10% of the total uptake. So the conclusion is justified that at 10 mM NaCl at least initially binding can be neglected and the observed effect arises due to the Ca<sup>++</sup> control of NaCl permeability.

## DISCUSSION

The data presented support the hypothesis that NaCl permeability is mainly membrane controlled by Ca<sup>++</sup>. In contrast to the data by-

tained from intact cells (3-4) the present results indicate a direct effect of  $\text{Ca}^{++}$  on the cell membrane whose effective concentration could be assessed by using varying  $\text{Ca}^{++}$  concentrations. We have no proof that the effect observed is related to acinar cells however since the contribution of membranes of other origin than from acinar cells in our preparation using the ficoll-sucrose gradient is negligible (7) it is very likely that the observed effect is located in these cells. We also cannot differentiate between luminal and basolateral membranes in this fraction and therefore the exact location of the  $\text{Ca}^{++}$  effects on  $\text{NaCl}$  permeability is not possible from our data. However in analogy to the effects in intact tissue using the  $\text{Ca}^{++}$  ionophore A23187 (3) or intracellular  $\text{Ca}^{++}$  injections (4) localization at the basal cell side is very likely.

Another question concerns the orientation of membrane vesicles. A comparison to the situation in intact cells would only make sense if the membranes are orientated outside-out like the same as in vivo. We have some evidence that most of the vesicles are orientated outside-out since the  $\text{Na}^+ \text{K}^+$  stimulated  $\text{Mg}^{++}$ -dependent ATPase is activated if the vesicles are destroyed by detergents indicating that ATP-binding sites in most of the vesicles are located at the cytoplasmic side of the membrane.

Unfortunately we have not observed any hormone effect on  $\text{Na}^+$  efflux yet which in vivo should be mediated by calcium. It is suggested by electrophysiological experiments as well as by direct uptake studies of  $^{45}\text{Ca}$  into isolated acinar cells that both acetylcholine and pancreozymin displace  $\text{Ca}^{++}$  from the inside of the cell membrane (8) and increase  $\text{Ca}^{++}$  influx into the cells to maintain sustained enzyme secretion (9).

The rise of free  $\text{Ca}^{++}$  in the cell would increase the  $\text{NaCl}$  permeability and therefore  $\text{NaCl}$  influx into the cell thereby depolarizing the cell. From our data we cannot distinguish between increases in either  $\text{Na}^+$  or  $\text{Cl}^-$  permeability or of both. Electrophysiological data of Petersen and his colleague (10) however suggest that acetylcholine increases both  $\text{Na}^+$  and  $\text{Cl}^-$  permeability of the acinar cell membrane and to a smaller extent that of  $\text{K}^+$ . Our data on  $^{22}\text{NaCl}$  efflux agree with these observations and comparing  $^{86}\text{Rb}^+$  with  $\text{K}^+$  also suggest a difference in membrane permeability for both  $\text{Na}^+$  and  $\text{K}^+$ . The data described here have some similarities

1 ties with observations in the tissues where a change of the membrane permeability for K<sup>+</sup> (11) or for Cl<sup>-</sup> (12) induced by Ca<sup>++</sup> has been observed. In the present Symposium the observation of Michelangeli (13) is of special interest that Ca<sup>++</sup> increases K<sup>+</sup> influx into membrane vesicles which in turn would stimulate K<sup>+</sup> H<sup>+</sup> exchange present in gastric mucosa (14). Thus Ca<sup>++</sup> could be considered as the intracellular trigger of HCl secretion in gastric mucosa as well as of NaCl secretion in pancreatic acinar cells.

# ACKNOWLEDGEMENT

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## H<sup>+</sup> Sugar Cotransport in Bacteria

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**ABSTRACT** Evidence was reviewed for the hypothesis of Mitchell that there is obligatory coupling between proton movement and sugar movement across the plasma membrane of microorganisms. Data were presented to support this hypothesis for the case of proton thiomethylgalactoside cotransport in *Escherichia coli* and *Streptococcus lactis*. Sugar addition to energy depleted cells resulted in proton entry. Proton addition to such cells resulted in sugar accumulation. Quantitative experiments were reported which are consistent with the stoichiometry of one proton for one sugar.

In 1961 Peter Mitchell (1) proposed that energy derived from biological oxidation could be stored in the form of an electrochemical potential difference of protons ( $\Delta\mu_{H^+}$ ) across a membrane. Since that time it has been clearly shown that such  $\Delta\mu_{H^+}$  (protonmotive force) may be observed across many types of membranes. Proton pumps include a) respiratory chain of mitochondria and bacteria, b) light sensitive bacteriorhodopsin, c) light sensitive mechanisms of chloroplasts, and d) membrane bound  $Ca^{++}$   $Mg^{++}$  dependent ATPase of mitochondrial and bacterial membranes. The energy stored in the ion gradient is utilized by the cell for several membrane related processes, one of which is proton substrate cotransport.

In 1963 Mitchell suggested (2) that there is obligatory coupling between proton and lactose entry into *Escherichia coli*. According to this view energy for the accumulation of sugar comes from the electrochemical potential difference of protons across the membrane. As protons enter the cell with lactose they reduce the  $\Delta\mu_{H^+}$  across the membrane. This stimulates the respiratory chain which pumps out the H<sup>+</sup> restoring the initial  $\Delta\mu_{H^+}$ . This mechanism was analogous to that previously suggested by Crane

(3) for  $\text{Na}^+$  glucose cotransport by the mammalian small intestine. Evidence supporting the Mitchell proposal has been accumulating in recent years (see reviews by Harold (4) and Hamilton (5) )

Two general types of evidence tend to support this hypothesis. The first involves the demonstration of proton movement against an electrochemical potential difference in response to the addition of lactose to energy depleted cells (Fig. 1). The second involves the converse experiment, namely sugar accumulation induced by artificially induced  $\Delta\mu_{\text{H}^+}$ . The first of these experiments was carried out by West (6, 7) and West and Mitchell (8). The addition of thiomethylgalactoside (TMG) to energy depleted *E. coli* resulted in proton entry. Fig. 2 shows an experiment of West in which the addition of TMG to anaerobic *E. coli* suspended in unbuffered solution resulted in an alkalization of the external medium. Parallel experiments (7) showed that addition of TMG resulted in acidification of the cytoplasmic compartment. Thus TMG entry drove protons into the cell against a pH gradient.

The converse experiment may also be carried out in *E. coli*. An artificially induced inwardly directed protonmotive force will drive sugar entry into the cell against a concentration gradient (Fig. 3). The protonmotive force may be produced either by a membrane potential (inside negative) or a pH gradient (outside acid) or both. Specific examples will illustrate these experimental approaches. A membrane potential was artificially produced by first incubating energy depleted *E. coli* in valinomycin to make them permeable to K and then diluting the cells into a K free medium (9). Fig. 4 shows that the membrane potential resulting from  $\text{K}^+$  exit drove the TMG entry and accumulation. Dilution of cells into  $\text{K}^+$ -containing solution

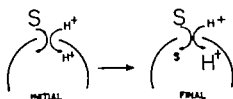


Fig. 1 A prediction from the co transport hypothesis. Addition of substrate (S) to energy depleted cells drives  $\text{H}^+$  against a gradient.

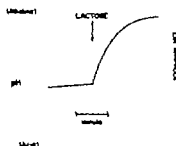


Fig 2 Lactose addition to energy depleted cells drives proton entry. The pH is measured in an anaerobic suspension of *E. coli*. Redrawn from West (6)

did not show accumulation of TMG

An alternative method of producing a protonmotive force is with an artificial pH gradient. Energy-depleted cells were exposed to radioactive sugar at pH 8 (Fig 5). The intracellular TMG concentration was only very slightly higher than that in the medium. When sufficient HCl was added to reduce the pH to 5.9 a marked TMG accumulation resulted.

#### Quantitative experiments

West (6) was the first to correlate proton movement and sugar movement in energy depleted *E. coli*. He found one proton moved per sugar molecule.

A second approach was to correlate the total protonmotive force with the chemical potential of TMG. If there were obligatory coupling between H<sup>+</sup> entry and sugar entry (with a 1:1 ratio) then the electrochemical potential of H<sup>+</sup> should be in equilibrium with the chemical potential of the sugar according to the following relationships:

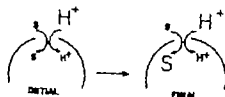


Fig 3 A prediction from the cotransport hypothesis: imposing an inwardly directed  $\Delta\mu_{H^+}$  drives S accumulation.

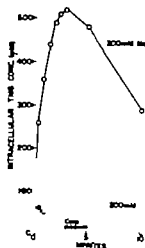


Fig 4 Membrane potential drives TME accumulation. Energy depleted cells of ML 308 were preincubated in the presence of valinomycin and 200 mM  $K^+$  and then diluted 50 fold into 200 mM  $Na^+$  or  $K^+$  phosphate buffer.

$$a) \Delta\mu_{H^+} = \Delta\psi - Z \Delta\text{pH}$$

where  $\Delta\psi$  is the membrane potential and  $Z$  is equal to  $2.3 RT/F$  or a value of 59 at  $25^\circ$

$$b) \Delta\mu_{TME} = Z \log \frac{TME(IN)}{TME(OUT)}$$

$$c) \text{ At equilibrium } \Delta\mu_{H^+} = \Delta\mu_{TME}$$

To obtain experimental values for  $\Delta\mu_{H^+}$  both membrane potential and pH gradient must be estimated. The pH gradient was estimated indirectly by the distribution ratio of certain weak acids such as dimethyloxazolidine dione (DMO) or acetylsalicylic acid. This method takes advantage of the fact that the free acid readily crosses the membrane while the ionized species does not. Knowing the ratio of intracellular to extracellular

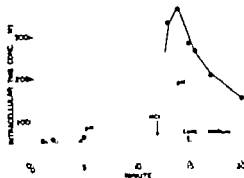


Fig 5 pH gradient drives TME accumulation. Energy depleted cells of ML 308 were incubated in the presence of radioactive TME. At the arrow HCl was added.

acid the  $pK_a$  and extracellular pH application of the Henderson-Hasselbalch equation will give the intracellular pH

The membrane potential has been estimated by three general methods fluorescent dyes (10) lipid soluble cations (11) and  $K^+$  distribution in the presence of valinomycin (see general discussion of methods in reference 12) The latter method was used for the experiments to be described. Valinomycin a  $K^+$  specific ionophore is added and the ratio of the potassium concentrations inside and outside is measured. The Nernst equation is then applied in the following form

$$\Delta\psi = 59 \log \frac{K_{(IN)}}{K^+_{(OUT)}} \text{ at } 25^\circ C$$

Experiments with *S. lactis* (13 14) and *E. coli* (9 15) indicate that there is good correlation between  $\Delta\mu_{H^+}$  and  $\Delta\mu_{DNG}$ . The experiments reported here represent an extension of the studies with *S. lactis*. An improvement in technique was the use of the microfuge instead of the filtration method for the determination of pH. The cells were centrifuged through silicone oil causing the contaminating extra cellular fluid to be greatly reduced and thus increasing the accuracy of the intracellular measurement. In addition acetylsalicylic acid and benzoic acid have been used as intracellular pH monitors as well as DNO. These acids have lower  $pK$  values than that of DNO enabling measurements to be made at lower external pH values. In several experiments the three weak acids were compared in glucose fermenting cells at pH 7 and the calculated intracellular pH was found to be the same by the three methods.

The experiment given in Table 1 shows a time course of  $\Delta\mu_{H^+}$  development and DNG accumulation representative of cells incubated with glucose at pH 7. The cells generate ATP from substrate level phosphorylation in glycolysis. ATP activates the membrane bound proton ATPase to extrude protons and develop a protonmotive force. As the  $\Delta\mu_{H^+}$  increases the capacity to accumulate DNG increases.

The correlation of  $\Delta\mu_{H^+}$  and  $\Delta\mu_{DNG}$  for a series of experiments is shown in Fig. 6. Several different experimental conditions were used in this series. The incubation medium varied between pH 5 and pH 7 and the three weak acids mentioned above were used in different experiments to monitor the intracellular pH. In the absence of fermentable substrate the  $\Delta\mu_{H^+}$  and DNG accumulation are low. When arginine is added much higher accumulation is observed and with glucose the maximum  $\Delta\mu_{H^+}$  is

Time Course of  $\Delta\psi_i$  and TEG Accumulation

TIME (min)	$\frac{K(\text{IN})}{K(\text{OUT})}$	$\Delta\psi$ (mv)	pH	$\Delta\psi_i$ (mv)	$\frac{\text{TEG}(\text{IN})}{\text{TEG}(\text{OUT})}$	$\Delta\psi_i^+$ (mv)	$\Delta\psi_{\text{TEG}}$ (mv)
	7.35	51	0.36	21	5.6	30	44
10	9.7	58	0.50	30	19	88	75
20	11.2	62	0.61	36	32	98	89
30	12.5	65	0.63	37	52	102	101
40	13.7	67	0.67	40	89	107	115

Washed cells of *S. lactis* at a final OD of 1300 were incubated in  $^{14}\text{C}$  INO (0.0052M)  $^3\text{H}$  inulin glucose (11 mM) TEG (0.003 M) valproic acid (1 mM),  $\text{K}_2\text{HPO}_4$  (50 mM)  $^{45}\text{Ca}$  (50 mM) adjusted to pH 7. Duplicate samples of 1 ml each were removed and placed in a microfuge tube containing 0.5 ml of silicone oil. After centrifuging for 1 min supernatant and oil layers were removed and the pellet obtained by cutting across the tip of the plastic tube. The cells were digested in 1 M NaOH, a sample removed for  $\text{K}^+$  determination and the remainder counted in a liquid scintillation counter. The intracellular INO concentration was calculated after correction for extracellular fluid space (inulin space). In a parallel flask cells were incubated in a similar solution except that TEG was radioactive while the inulin and INO were not. Cells were centrifuged in a similar manner and intracellular and extracellular TEG determined.

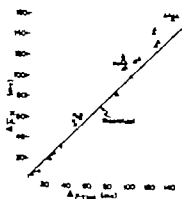


Fig 6 Relationship between  $\Delta\mu_H$  and  $\Delta\mu_{PG}$  in *Strep. lactis*. Experimental conditions similar to those given in Table 1 (whose data is included in the figure). Cells were incubated either with no substrate (circles) arginine (squares) or glucose (triangles). The three triangles with  $\Delta\mu_H$  below 80 mV represent experiments in which cells were incubated with glucose for a short period (2 minutes). All other experiments involved incubation periods of from 10 to 40 minutes.

observed. There is a reasonably good agreement between the  $\Delta\mu_H$  and  $\Delta\mu_{PG}$ . This is consistent with the hypothesis that there is an obligatory coupling between proton movement and PG movement with a stoichiometry of 1:1.

Variations in the stoichiometry of protons and substrate have been noted. Collins *et al.* (16) have grown *E. coli* in a chemostat with alanine as a sole carbon source and as a limiting nutrient. While the normal cells show a stoichiometry of 1 proton/alanine uptake two mutants isolated from the chemostat showed 2 protons/alanine and 4 protons/alanine. The ability to accumulate alanine would be enhanced at the expense of increased energy per alanine molecule.

Another example of altered stoichiometry is given by Razos and Kaback (15) who showed a change of 1 proton/lactose to 2 protons/lactose by increasing the pH from 6 to 8.

An extensive literature now exists (4, 5) on proton substrate cotransport in a wide variety of cells. Hexose proton cotransport has been demonstrated in *Chlorella vulgaris* (17), *R. gracilis* (18) and *Neurospora crassa* (19). Amino acid-proton cotransport has been studied in yeast (20) and in bacteria (21, 23). It therefore appears that the cotransport of protons with various substrates is a fundamental and widespread phenomenon in many microorganisms.



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## H<sup>+</sup> Transport in Gastric Microsomes Towards a Molecular Model for Secretion

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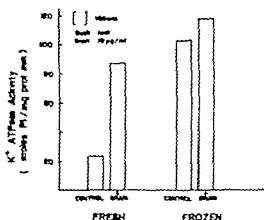
**ABSTRACT** H<sup>+</sup> transport and K<sup>+</sup> ATPase activity were measured in gastric microsomes. Activities are controlled by the K<sup>+</sup> permeability of the vesicular membrane. Ca<sup>2+</sup> (μM range) binds to the vesicular membrane and increases K<sup>+</sup> permeability. H<sup>+</sup> transport and K<sup>+</sup> ATPase are increased by virtue of this effect. A model is proposed for the role of Ca<sup>2+</sup> as a messenger in mediating stimulus secretion coupling in the intact parietal cell.

The role of ATP on the energy source for gastric acid secretion is still controversial. The recently found H<sup>+</sup>/K<sup>+</sup> ATPase of gastric microsomes (1, 2, 3) may provide a means of coupling between energy metabolism and the H<sup>+</sup> pump in the intact cell.

The rate limiting step for the hydrolysis of ATP and H<sup>+</sup> uptake appears to be the passive permeability of the vesicular membrane to K<sup>+</sup>. If this system is responsible for the H<sup>+</sup> translocation in the intact cell, the rate of acid secretion could be then controlled by changes in the K<sup>+</sup> permeability of the vesico-tubular and/or apical membrane. Thus, there could be a coupling between hormonal stimulation and secretion through a change in K<sup>+</sup> permeability. Although it is possible to change K<sup>+</sup> permeability and increase ATPase activity by artificial methods (ionophores and freezing thawing for example), one should be able to find a physiological agent as a means of coupling. Calcium ion may play such a role: it has been shown to increase K<sup>+</sup> permeability in red blood cell (4, 5), liver cell (6) and nerve membranes (7). Furthermore, Ca<sup>2+</sup> has been shown



Fig. 1  $K^+$  ATPase activity of fresh and frozen microsomal preparations in control conditions and in the presence of 10  $\mu$ M/ml gramicidine



essentially no further increase by the addition of the ionophore. These results suggest that the site for  $K^+$  stimulation is inside the vesicle which is normally impermeable to  $K^+$ . Similar results have been reported by other authors (2, 16).

The dependence of the  $K^+$  ATPase on medium  $K^+$  concentration is shown in Figure 2. The fresh preparation shows a maximal activity (30%) at 100 mM  $K^+$  in a diffusion kinetics pattern. Addition of gramicidine or freezing/thawing increases the stimulation of the ATPase by  $K^+$  and shifts the optimal concentration from 100 to 5 mM  $K^+$ . Furthermore, the ascending part of the curve (0–5 mM) shows a saturation kinetics with a  $K_m$  of about 0.7 mM for  $K^+$  activation (not shown).

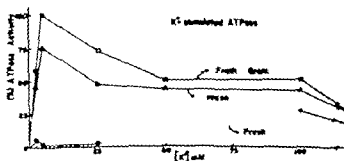


Fig. 2  $K^+$  dependence of  $K^+$  ATPase of fresh and frozen microsomal preparations with and without 10  $\mu$ M/ml gramicidine

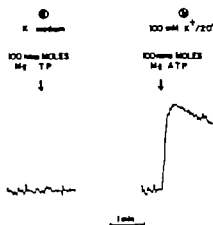


Fig. 3 Effect of an ATP pulse on  $H^+$  uptake by fresh vesicles in the absence or presence of ATP

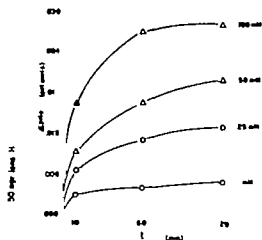


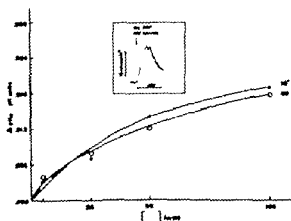
Fig. 4 Effect of time of preincubation at different KCl concentrations upon ATP driven  $H^+$  uptake by fresh vesicles

These results indicate that the true optimal concentration is 5 mM in the readily permeable preparation and a gradient force is needed for maximal activation in the permeable (fresh) preparation

The ability of this vesicle to transport  $H^+$  is shown in Figure 3. It can be seen that  $H^+$  transport occurs only in the presence of  $K^+$ . Moreover, the amount of  $H^+$  uptake driven by ATP hydrolysis is dependent on the amount of  $K^+$  that has permeated into the vesicle at the time of the ATP pulse. This can be inferred from the results presented in Figure 4. The dependence on time of preincubation and concentration of KCl of the ATP driven  $H^+$  uptake shown in this figure indicates that diffusion of  $K^+$  into the vesicle is essential for  $H^+$  uptake.

If the permeability to KCl increased by freezing thawing the vesicle, the time required for equilibration is reduced from 120 minutes to 10 minutes or less, as shown in Figure 5. However,  $H^+$  uptake is still dependent on concentration, indicating that the uptake is dependent on the amount of  $K^+$  existent inside the vesicles to be exchanged by  $H^+$  in the ATP driven process. These results are thus in accordance with the  $H^+/K^+$

Fig 5 Effect of time of preincubation and KCl concentration on H<sup>+</sup> uptake by freeze thawed vesicles. Insert shows time course of H<sup>+</sup> uptake



exchange scheme proposed by other authors (2, 7)

The results presented thus far indicate that the activity of the ATPase and the H<sup>+</sup> transport system is in a way controlled by the passive permeability of the vesicular membrane to K<sup>+</sup>. A similar mechanism may take place in the intact parietal cell if a means of physiological control of the K<sup>+</sup> permeability is provided. Of the physiological messengers, calcium ion appears to be a likely candidate. Thus the effects of Ca<sup>2+</sup> on the K<sup>+</sup> ATPase and H<sup>+</sup> uptake were studied.

The effect of 10  $\mu$ M Ca<sup>2+</sup> on the K<sup>+</sup> ATPase activity is presented in Figure 6. Ca<sup>2+</sup> increases K<sup>+</sup> ATPase activity in fresh

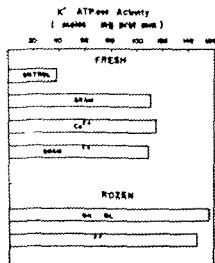


Fig 6 Effect of Ca<sup>2+</sup> (10  $\mu$ M) on K<sup>+</sup> ATPase activity of fresh and freeze thawed microsomal vesicles



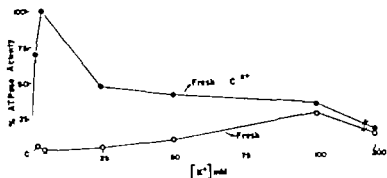


Fig. 7 Effect of  $\text{Ca}^{2+}$  on the  $\text{K}^{+}$  dependence of  $\text{K}^{+}$ -ATPase of fresh microsomal preparations

preparations in the same way as gramicidine does. The effects of  $\text{Ca}^{2+}$  and gramicidine are not additive. In addition the effect of  $\text{Ca}^{2+}$  is not observable in the readily permeable frozen-thawed preparation. Figure 7 shows the effect of  $\text{Ca}^{2+}$  (10  $\mu\text{M}$ ) on the  $\text{K}^{+}$  dependence of the  $\text{K}^{+}$ -ATPase.  $\text{Ca}^{2+}$  shifts the optimal  $\text{K}^{+}$  concentration for maximal activation of the ATPase from 100 mM in the fresh preparation to 5 mM in the treated one, exactly in the same manner as shown before (see figure 2) for gramicidine or freezing-thawing. Moreover the ascending part of the curve (0–5 mM  $\text{K}^{+}$ ) shows a saturation kinetics with exactly the same  $K_m$  measured for the frozen-thawed or gramicidine-treated preparation (0.7 mM). These results show that the effect of  $\text{Ca}^{2+}$  is that of increasing  $\text{K}^{+}$  permeability of the vesicular membrane without any effect whatsoever on the  $\text{K}^{+}$ -ATPase per se. This effect of  $\text{Ca}^{2+}$  on the  $\text{K}^{+}$  permeability of the vesicles has a saturation kinetics with an apparent  $K_m$  of 0.38  $\mu\text{M}$  as shown in figure 8. Experiments in progress appear to indicate that the nature of the binding is of an electrostatic one to fixed negative sites on the membrane.

The effects of  $\text{Ca}^{2+}$  on the  $\text{H}^{+}$  transport properties of the vesicles are shown in Figures 9 and 10. Addition of  $\text{Ca}^{2+}$  is able to increase  $\text{H}^{+}$  uptake by microsomal vesicles (Fig. 9). In this experiment  $\text{r}^{+}$  was present for 15 minutes prior to the addition of ATP. Fig. 10 shows the  $\text{K}^{+}$  concentration and time of preincubation dependence of the  $\text{H}^{+}$  uptake in the absence

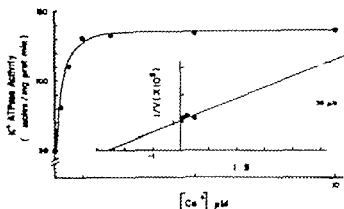


Fig. 8 Kinetics of activation of  $K^+$  ATPase by  $Ca^{2+}$  in fresh vesicles

and presence of  $10 \mu M Ca^{2+}$ . It can be seen that the magnitude of the uptake is dependent on both  $K^+$  concentration and time of preincubation.  $Ca^{2+}$  increased the uptake at short times of preincubation without effect on the maximal amount of uptake in the long time equilibrated preparation indicating that

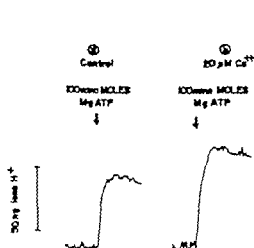


Fig. 9 Effect of  $Ca^{2+}$  on  $H^+$  uptake by fresh vesicles incubated with  $K^+$

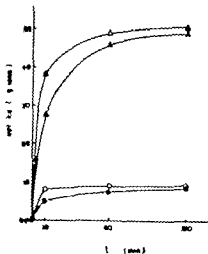


Fig. 10 Effect of time of preincubation with  $5 \mu M$  (circles) or  $100 mM K^+$  (triangles) in control conditions (filled figures) or in the presence of  $10 \mu M Ca^{2+}$  (open figures) on  $H^+$  uptake by fresh vesicles

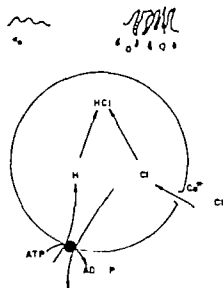


Fig. 11 Schematic model depicting the sequence of events involved in  $H^+$  uptake and subsequent HCl formation in isolated microsomal vesicles. These events in the intact cell may take place either in closed vesicles such as the tubulo vesicular system or at the infoldings of the apical membrane of the secreting parietal cell.

this ion has no effect on the transport mechanism per se but rather on the rate of entry of  $K^+$  into the vesicle.

The results presented here may be of physiological importance. The presence of  $Ca^{2+}$  in the extracellular bathing fluid is required for the maintenance of acid secretion (8, 9, 10). The requirement appears to be both intracellular and extracellular (11, 12). Furthermore stimulation of secretion is accompanied by increased movement of  $Ca^{2+}$  across the cell membrane and/or mobilization of intracellular  $Ca^{2+}$  pools (12).

Based on the physiological data and the results presented here we propose a hypothesis for the action of  $Ca^{2+}$  in mediating a stimulus secretion coupling in the parietal cell. The subcellular events are pictured in Figure 11. In this model an increase in cell  $Ca^{2+}$  resulting from hormonal stimulation increases the permeability to  $K^+$  of the tubulo vesicular system and/or the apical membrane of the oxyntic cell. In this way  $K^+$  is provided for the  $H^+/K^+$  exchange thus triggering  $H^+$  secretion. Therefore calcium is considered to be the final intracellular messenger in the chain of reactions that leads to the production of HCl in the mammalian gastric mucosa.

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## Transport Parameters of Gastric Vesicles

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**ABSTRACT** Studies are reported using the effects of osmolarity on gastric vesicle uptake of  $H^+$  indicating that an exchange of  $H^+$  for  $K^+$  or a symport of  $K^+$  with  $OH^-$  is the major mechanism of  $H^+$  ion uptake. Using carbocyanine dyes and other techniques the only potentials detected in the vesicles are those due to secondary diffusion potentials. Studies with 9-amino-acridine show that there is a discrepancy in the  $\Delta pH$  by this method as compared to electrode or imidazole uptake measurements. The action of  $SCN^-$  appears to be inhibition of a forward reaction in the transport rather than increase of leak paths and there is a discrepancy using acridine orange both quantitatively with  $\Delta pH$  measurements and with respect to  $SCN^-$  action in that the AD signal is more sensitive to  $SCN^-$  than  $\Delta pH$ .

**BASIC OBSERVATIONS** In the last few years the study of the enzyme reactions and transport properties of gastric vesicles has become a major frontier in an attempt to understand  $H^+$  transport by the stomach (1, 2, 3, 4, 5). The key observations are illustrated in Fig. 1 where it is seen that the addition of ATP (at pH 6.1) results in alkalization of the medium. After the ATP has been utilized a combination of a protonophore (tetrachlorosalicylanilide, TCS) and a  $K^+$  ionophore (valinomycin) are required to dissipate the formed  $H^+$  gradient. Alternatively nigericin, a neutral exchange cation ionophore abolishes the gradient. Since two conductance pathways must be provided it is tempting to conclude that  $H^+$  uptake by the vesicles is non-electrogenic. It must be emphasized

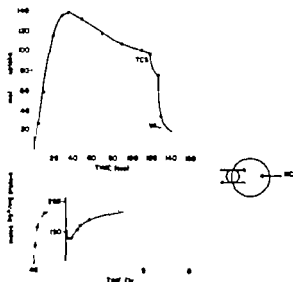


Fig 1 The upper part of the figure shows that with the addition of  $1.7 \times 10^{-5}M$  ATP  $H^+$  disappears from the medium and both TCS and valinomycin are required to dissipate the gradient. The lower part of the figure shows that  $^{86}Rb^+$  is extracted from pre-equilibrated vesicles with the addition of ATP.

that this assumes the addition of ATP does not change the conductance properties of the vesicles which based on bilayer studies is not correct (6) since ATP increases the  $K^+$  conductance.

Also in fig 1 the efflux of  $^{86}Rb^+$  is measured from an equilibrium situation with ATP addition, showing that efflux of cation accompanies uptake of  $H^+$  (or appearance of  $OH^-$ ). Again on this basis we may conclude that an  $H^+ K^+$  exchange occurs with the addition of ATP. However if the pump were electrogenic driving  $H^+$  into the vesicle and the only conductance were  $K^+$  an efflux of  $K^+(Rb^+)$  would be associated with the  $H^+$  uptake. Alternatively the  $H^+ K^+$  countertransport could be a direct result of an  $H^+ K^+$  exchange pump similar in principle to the  $Na^+ + K^+$  ATPase. Since it has been shown that  $Rb^+$  efflux is insensitive to protonophores valinomycin buffer strength or lipid permeable cations the latter conclusion was made more likely (3,5) but not definite. Moreover the existence of an  $H^+ K^+$  exchange does not determine whether the exchange is electrogenic or neutral.

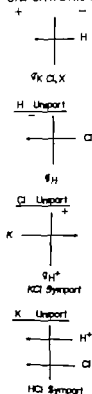
TRANSPORT MODELS Considering that the ion movements are observed with

the sole addition of KCl to the medium the possible mechanisms are classified in fig 2. The simplest type of pump would be an  $H^+$  uniport (electrogenic  $H^+$ ) with the electrical requirements satisfied by a Cl<sup>-</sup> or K<sup>+</sup> conductance. In this situation there is net flux of ions independent of the initial ion content of the vesicles. Hence osmotic sensitivity of uptake is always independent of the time of KCl equilibration. A Cl<sup>-</sup> uniport associated with a  $H^+$  conductance would give the observed  $H^+$  uptake. Osmotic sensitivity would also not be altered by KCl preincubation. The above two uniports however would be readily distinguished by the use

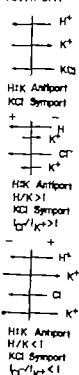
### $H^+$ UPTAKE

Fig 2 A series of conceptual models illustrating the possible ways in which  $H^+$  uptake occurs due to the ATPase with only KCl added to the medium. For brevity OH<sup>-</sup> mechanisms are not illustrated.

#### UNI-PORT/SYMPORT



#### ANTI-PORT





of ionophores prior to or in the presence of ATP as well as a different sign of the vesicle potential. An HCl symport would also provide  $H^+$  uptake and show maintained osmotic sensitivity but would not result in the development of a vesicle potential. Not illustrated is coupled  $H^+$  and Cl uniport. These would show identical properties to the HCl symport except that with the absence of anion pumping the vesicle would develop an internal positive potential.

All of these mechanisms would maintain osmotic sensitivity in spite of internal KCl. The next group of mechanisms would show progressive loss of osmotic sensitivity as the vesicles equilibrate with medium  $K^+$ .

The simplest of the latter is the  $K^+$  uniport mechanism which would generate an interior negative potential and  $H^+$  uptake due to an associated  $H^+$  conductance. Antiport processes would be neutral or electrogenic. In theory the neutral type would show total loss of osmotic sensitivity as the internal  $[K^+]$  reached the maximum  $[H^+]$  achievable. Electrogenic antiport systems where the  $H^+/K^+$  ratio exceeded unity would only partially lose osmotic sensitivity.

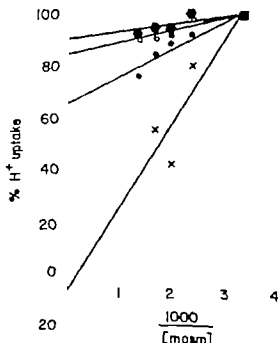
**OSMOTIC EFFECTS** Figure 3 illustrates the finding that with progressive time of incubation with KCl there is a loss of osmotic sensitivity of  $H^+$  uptake. The incubation is carried out at 4°C and in previous work it was shown that  $Rb^+$  requires 72 hours incubation to reach equilibrium (5) in the presence of Cl.

A second group of mechanisms involves OH<sup>-</sup>/Cl<sup>-</sup> antiport which experimentally is equivalent to  $H^+Cl^-$  symport but is conceptually different. However osmotic sensitivity would be maintained with this mechanism.

Figure 4 shows the osmotic sensitivity of  $H^+$  uptake where vesicles are placed in KCl solution and ATP is added two minutes later. It can be seen that uptake is completely sensitive to vesicle volume and apparently

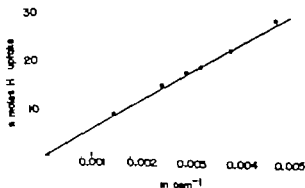
*Acta physiol. scand. Special Suppl. 1973*

Fig 3 The osmotic sensitivity of  $H^+$  uptake with progressive pre-incubation times in KCl x—x 5 min  
 ●—● 24 hrs ○—○ 48 hrs ■—■ 72 hrs  
 Medium osmolarity was varied with mannitol



no binding occurs. However, if one is dealing with a  $K^+ H^+$  antiport, the osmotic sensitivity is due to restriction on the  $K^+$  content of the

Fig 4 The osmotic sensitivity of  $H^+$  uptake following only 2 min pre-equilibration with KCl



vesicles. With a reversible  $H^+$  uniport, trapped buffer would result in a fraction of the uptake being osmotically insensitive, since the buffer

content would remain the same although vesicle volume is decreasing. However, with  $K^+ H^+$  antiport the buffering capacity would be obscured by the effect on  $K^+$  entry. The data presented here are consistent with an antiport mechanism that is probably non-electrogenic.

Direct measurements of vesicle buffering capacity indicates that it is quite low until about pH 2. However, the possible buffering capacity makes it quite difficult to calculate the internal pH reached by the vesicles.

**QUANTITATION** In six experiments 173 nmoles  $H^+$  were taken up by 1 mg vesicle protein. This corresponds to a vesicular volume of 2  $\mu$ l and hence the theoretical pH reached by the vesicle is 1.06. The initial  $K^+$  content of 1  $\mu$ l is 150 nmoles indicating that only about half of the  $K^+$  is exchanged. Assuming that therefore only half of the vesicles transport the pH achieved could be as low as 0.8, close to the maximum attainable by mammalian mucosa.

Measurement of the initial stoichiometry of the  $H^+$  uptake showed that the  $H^+/ATP$  ratio was close to 4 (3). This rate is thermodynamically impossible for a reasonable value for the  $\Delta G$  of ATP hydrolysis at a final  $\Delta$ pH of 5.3 in the vesicle experiments or 6.6 in the intact mucosa. To reconcile this, one is forced to postulate that either the  $H^+/ATP$  ratio is not fixed or that the  $\Delta$ pH calculated above is much higher than actually the case.

**VESICLE POTENTIAL** To further investigate the role of potentials or to quantitate the  $\Delta$ pH, one is forced into the use of lipid permeable ions. We have shown previously that  $^{14}C$  SCH redistributes across the vesicle membrane only in the presence of valinomycin and ATP (3, 5). Similar data were obtained for 8-anilino naphthalene-1 sulfonate (7). This was interpreted as showing that the only potential generated by the vesicles

was a secondary  $K^+$  diffusion potential in the presence of valinomycin

However our observations were extended to other lipid permeable ions such as the carbocyanine dyes (8) either diethyloxadicarbocyanine (DOCC) or di SC<sub>(3)</sub> 5. The results with these two dyes were qualitatively identical

In the absence of any ionophore the addition of ATP produces a gradual ( $t_{1/2} > 60$  sec) decline in the absorption of DOCC. This change is rapidly reversed by the addition of nigericin and more slowly by lowering external pH. On the assumption that nigericin acts as a neutral cation exchange ionophore (i.e.  $K^+$  for  $H^+$ ) this indicates that this change of DOCC absorption is due to the presence of ion gradients established by the ATPase rather than due to a potential generated directly by the pump (Fig. 5). However the time course of the optical change is much slower than the time course of  $H^+$  uptake (or disappearance from the medium) and would suggest that the ratio of  $g_{H^+}/g_{K^+}$  is increasing over the time of change of DOCC absorbance. Since DOCC is a lipid permeable cation the vesicle interior is apparently becoming negative. Alternatively the vesicles could be developing a Cl<sup>-</sup> conductance.

If the membrane conductance for  $H^+$  is drastically increased by the addition of a protonophore TCS then the membrane potential should directly reflect the  $H^+$  gradient developed. As shown in Fig. 6 the prior addition of TCS followed by the addition of ATP produces a rapid decline in DOCC absorbance. This change is reversed by valinomycin triphenylmethylphosphonium (TPMP<sup>+</sup>) and nigericin indicating that the change is due to an  $H^+$  diffusion potential. An alternative way of showing that changes are due to secondary diffusion potentials rather than primary pump potentials is to use, in the case of  $H^+$  penetrating buffers such as imidazole. As in Fig. 6 increasing imidazole inhibits

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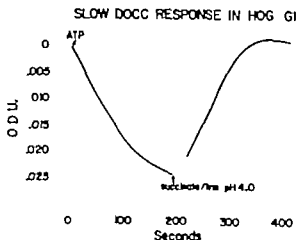


Fig 5 The slow absorbance change induced by ATP with the dye DOCC showing reversal by altering medium pH

the DOCC signal. Since imidazole does not inhibit the ATPase, the simplest explanation is that with the unprotonated form being freely permeable, imidazole reduces the  $\Delta\text{pH}$  across the vesicle membrane. Accordingly, if the vesicles possessed a reversible electrogenic  $\text{H}^+$  pump potential, would be maximized as  $\Delta\text{pH}$  minimized since (9)

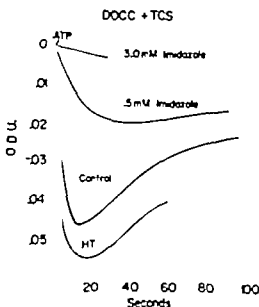


Fig 6 The effect of ATP on DOCC absorbance in the presence of TCS, varying concentrations of imidazole and in the presence of hypertonic mannitol

$$\Delta\mu_H = \Delta Y \frac{RT}{F} \Delta pH$$

Imidazole would maximize the potential if we were dealing with an electrogenic  $H^+$  pump. The additional assumption for this conclusion is that the protonated form of imidazole is very much less permeable than the neutral form and therefore imidazole does not act as a good uncoupler of the system. Since imidazole in the absence of TCS does not mimic TCS this assumption is probably correct.

The data therefore with AMS as a lipophilic anion and DOCC as a lipophilic cation indicate that although secondary diffusion potentials can be generated by the  $H^+K^+$  ATPase the enzyme present in hog gastric vesicles does not of itself generate a potential across the vesicle membrane upon energization.

It is also possible to use the TCS dependent  $H^+$  diffusion potential to test the effect of osmolarity on the  $H^+$  gradient. If it is true that decreasing vesicular volume by osmole addition fixes  $K^+$  content but increases  $K^+$  concentration and thereby increases the  $[K^+]$  driving the  $H^+$  exchange then with the quantity of  $H^+$  uptake being constant the  $H^+$  gradient will increase. According to this picture increasing the osmolarity will increase the  $H^+$  diffusion potential in the presence of TCS and if this dominates the picture will increase the DOCC signal. As shown in Fig. 6 this appears to be the case.

VESICLE pH Fluorescent dyes or pH indicator dyes may also be used in an attempt to quantitate the intravesicular pH.

One of the dyes most frequently used is 9-amino acridine (9 A A ) (10). The following equation is used

$$\frac{H^+_i}{H^+_o} = \frac{Q}{1-Q} \cdot V \cdot 1$$

where  $H^+_i/H^+_o$  is the  $H^+$  concentration ratio  $Q$  is the fractional quench



and  $v^{-1}$  is the reciprocal of the fraction of total volume that is intravesicular space. The use of this equation rests on several assumptions such as that the dye which enters the vesicle in response to an  $H^+$  gradient is free and not bound, that all the intravesicular dye is quenched; that entry of the dye does not change intravesicular volume and that the dye does not act as an uncoupler.

A typical 9 A A response is shown in Fig. 7. The action of inhibitors, ionophores and imidazole shows that the 9 A A is responding to a  $\Delta pH$ . Quantitatively this corresponds to a  $\Delta pH$  of 3 units, i.e. an up take of 1 mole  $H^+$   $\mu l^{-1}$  vesicle space. This low value could be due to intravesicular buffering capacity or because some of the above assumptions are incorrect. In separate experiments it was shown that the signal was only partially osmotically sensitive and the degree of osmotic sensitivity was critically dependent on 9 A A concentration. Accordingly there are binding sites for 9 A A induced by ATP addition. At concentra

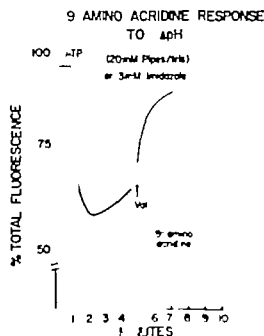


Fig. 7 The response of 9 amino acridine fluorescence to ATP addition followed by the addition of valinomycin or in the presence of imidazole or strong buffer.

tions of 9 A A such as 10  $\mu$ M where binding makes a less significant contribution the  $\Delta$ pH as measured by the pH electrode technique decreases. This shows that another problem exists since the efflux of  $H^+$

$$J_{out}^{H^+} = k_1[H^+] + k_2[AH^+]$$

where  $k_1$  is the  $H^+$  permeability and  $k_2$  is the permeability of protonated base (eg 9 A A). Even if  $k_2 \ll k_1$  as  $[AH^+]$  increases the second term can become significant. The loss of pH signal provides evidence therefore that 9 A A at concentrations adequate to obscure binding can partially uncouple these vesicles. It is therefore questionable whether we can accept that  $\Delta$ pH of 3 as being true of the situation in the absence of 9 A A.

Use of the weak base  $^{14}C$  imidazole and measuring trapping by filtration gave data in our best experiments showing uptake of better than 20 moles  $H^+$  from calculation of the buffering capacity of imidazole and from the equation

$$\frac{I_1}{I_0} = \frac{K_A + H^+_1}{K_A + H^+_0}$$

where I refers to imidazole concentration (11). This is less than that found by direct  $\Delta$ pH measurements but considerably more than that found by the 9 A A technique.

**VESICLE DYE BINDING** Membrane changes can also be monitored by binding of a dye such as acridina orange (AO). This has been shown to undergo binding dependant quench of fluorescence in various vesicle preparations (12) including hog gastric vesicles and frog gastric vesicles (13). There are several noteworthy features about these reactions. Since acridine orange is positively charged binding is to negative sites induced by the addition of ATP. The signal reproduces many of the proper

ties already established by the pH electrode i.e.  $K^+$  dependent enhanced by internal  $K^+$  dissipated by nigericin and other ionophores (Fig 8) It depends on intact vesicles but is not quantitatively related to the amount of  $H^+$  uptake Thus although hog vesicles take up about 20 times more  $H^+$  than frog the AO signal is approximately the same Another feature of the AO response is that it is partially osmotically sensitive indicating that not all the response is due to binding

AO thus senses the development of negative binding sites in the vesicle membrane that are related but not quantitatively to  $H^+$  (or  $OH^-$ ) movement across the vesicle membrane The site being sensitive to buffer is in the outside region of the membranes

ACTION OF SCN SCN action has been a constant problem in gastric physiology for more than 30 years The use of gastric vesicles perhaps might be expected to solve the mechanism of action of this compound When vesicles are placed in a KCl medium and ATP is added based on the  $K^+ : H^+$  antiport (or  $K^+ OH^-$  symport) hypothesis prior to proton gradient develop-

#### ACRIDINE ORANGE RESPONSE IN FROG MICROSOMAL VESICLES

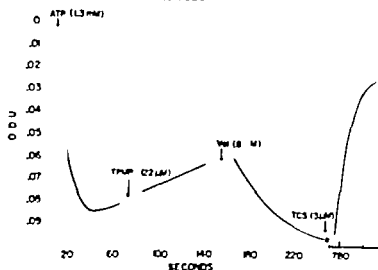


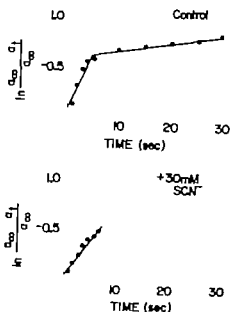
Fig 8 The effect of ATP on acridine orange absorbance showing that whereas TPMP<sup>+</sup> has little effect valinomycin increases the response which is subsequently dissipated by TCS

ment KCl has to enter the vesicle. A considerable amount of evidence has accumulated that in the absence of ATP vesicle conductance to either  $K^+$  or  $Cl^-$  is low. This suggests that a KCl symport pathway is involved in  $K^+$  uptake for the transport reaction.

Accordingly inhibition of transport by the vesicles could occur (a) by inhibition of the ATPase, (b) by increasing the  $H^+$  leak and (c) by inhibition of the KCl symport. When vesicles are placed in KCl solution for a short time and then ATP is added,  $H^+$  uptake occurs in two phases as shown in Fig. 9 with two clearly different rate constants.

As shown in Fig. 9, SCN $^-$  does not affect the fast uptake, but blocks the slow uptake phase. SCN $^-$  added subsequent to the development of an  $H^+$  gradient does not increase the leak of  $H^+$ , nor does SCN $^-$  inhibit the ATPase of hog gastric vesicles. Thus, SCN $^-$  interferes with the KCl symport step in some manner. The AO signal is also sensitive to SCN $^-$ , being completely abolished if 30 mM SCN $^-$  is added prior to the addition of ATP.

Fig. 9. An exponential analysis of  $H^+$  uptake by non-equilibrated vesicles showing two kinetic constants. The slower of these is blocked by SCN $^-$ .



If the SCN is added subsequent to the signal the decay of the signal is somewhat faster than usual but not as fast as is obtained with ionophores. This indicates that  $\text{SCN}^-$  inhibits a forward step in the transport process but does not induce sufficient leak to account for the inhibition.

SCN has been shown to inhibit mitochondrial  $F_1$  ATPase at concentrations which also inhibit gastric secretion. There is also considerable dispute as to whether all the  $\text{HCO}_3^-$  activated SCN inhibitable ATPase present in gastric mucosa is localized to mitochondrial fractions or is also present in the plasma membrane.

The action of SCN in inhibiting the AO response reducing the KCl entry dependent component of  $\text{H}^+$  uptake and the sensitivity of the AO response to external buffer indicates that the simple  $\text{H}^+$   $\text{K}^+$  antiport model might require elaboration.

In the intact mucosa another component might be required for activating an  $\text{OH}^-/\text{Cl}^-$  antiport. A model consisting of an  $\text{OH}^-/\text{Cl}^-$   $\text{K}^+/\text{H}^+$  antiports in series is difficult to distinguish experimentally from a model consisting of a  $\text{K}^+/\text{OH}^-$  symport and  $\text{H}^+/\text{Cl}^-$  symport in series. In these models an intermediate compartment is produced. A condensed version of these is also shown in Fig. 10 where the  $\text{OH}^-/\text{Cl}^-$  exchange component is visualized as a binding site reaction. If AO binds to the OH and SCN displaces OH then the Cl available for KCl symport would be reduced and the AO signal would be inhibited (Fig. 10).

**EFFECT OF  $\text{Cl}^-$  REMOVAL.** The action of  $\text{Cl}^-$  removal and  $\text{SO}_4$  or isethionate substitution could perhaps be understood by restriction of  $\text{K}_2\text{SO}_4$  entry as compared to KCl entry. Tracer uptake measurements show that this is the case (5). However even after 72 hrs incubation  $\text{H}^+$  uptake is still slower in the absence of  $\text{Cl}^-$  and remains osmotically sensitive. Fig. 11

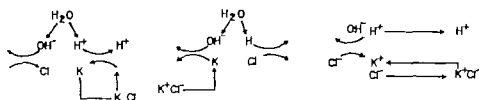


Fig 10 Possible models involving intramembranal compartments of  $H^+$ ,  $OH^-$  or  $K^+$  classified as series models or a model involving an  $OH^-/Cl^-$  exchange site on the membrane surface

compares control conditions where KCl is present on both sides of the membrane to the situation where  $SO_4$  is internal and Cl external showing a reduction in rate and magnitude of  $H^+$  uptake. Also in this figure the presence of  $SO_4$  only on both sides of the membrane shows a slower uptake of  $H^+$ . The addition of Cl in the presence of ATP increases uptake. The uptake is difficult to dissipate with protonophores valinomycin or nigericin but is dissipated by tributyltin (a  $Cl^-/OH^-$  antiport). In the series type of model  $SO_4$  would not substitute for Cl with consequent accumulation of  $OH^-$  or  $H^+$  in a membrane compartment. In the single model  $SO_4$  would reduce the cycling of  $K^+$ . It is surprising that an  $H^+$  gradient is found in the vesicle preparation since intact piglet mucosa does not secrete  $H^+$  in the presence of  $SO_4$  (14). Certainly the permeability of the membrane vesicles to  $K_2SO_4$  is very low.

**CELL MODEL** It is possible to provide a rather simple conceptual scheme for transport in hog vesicles and piglet gastric mucosa. The vesicles are visualized as containing an active  $K^+H^+$  antiport and a passive KCl symport.

In the intact parietal cell the basal surface contains the well known  $Na^+ + K^+ ATPase$  with 3:2  $Na^+ : K^+$  coupling. A neutral NaCl symport on the same cell surface allows the cell to accumulate KCl. The excess Cl moves

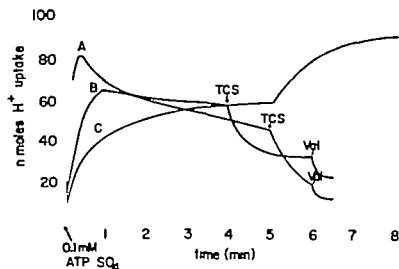


Fig 11 The  $H^+$  uptake of hog vesicles in the KCl equilibrated condition (A)  $K_2SO_4$  inside KCl outside (B) and with  $K_2SO_4$  on both sides of the membrane (C)

across the luminal membrane by a Cl<sup>-</sup> uniport the circuit being completed by  $Na^+$  moving across the paracellular shunt. This predicts that active Cl<sup>-</sup> transport is ouabain sensitive and  $Na^+$  dependent the former being true of piglet (14) the latter of frog (15).

The accumulated KCl is used for the  $K^+ H^+$  exchange by having the KCl symport present on the luminal surface allowing KCl exit followed by  $K^+ H^+$  exchange (Fig 12).

# APICAL MEMBRANE VESICLE

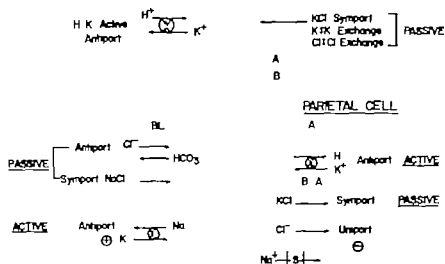


Fig 12 A general model for gastric vesicles and the gastric parietal cell using the  $H^+$   $K^+$  and  $Na^+$   $K^+$  ATPases to drive all the known transport processes



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## Properties of a $K^+/H^+$ Exchange ATPase from Dog Gastric Mucosa

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**ABSTRACT** The electrically neutral ATP hydrolysis driven transport of  $H^+$  ions into vesicles prepared from dog gastric mucosa is dependant on  $K^+$  ions in the internal phase of the vesicles. The transport of  $H^+$  ions by this system is collapsed by nigericin indicating that the ATPase catalyses the exchange of an equivalent number of  $K^+$  ions out of the vesicles for  $H^+$  into the vesicles. The effect of replacing  $Cl^-$  by  $SO_4^{2-}$  or glucuronate on the ATP hydrolysis driven exchange of  $H^+$  and  $K^+$  ions suggests that  $Cl^-$  is not required for this process *per se* but  $Cl^-$  ions may be important for the transport of  $K^+$  ion into the vesicles.

**INTRODUCTION** It was demonstrated (1) that an ATPase system with a  $K_m$  for ATP of 20  $\mu M$  can be isolated on ion impermeable vesicles. The ATPase activity is increased by  $K^+$  ions and by  $K^+$  carrying ionophores in the presence of  $K^+$  ions as reported for similar ATPase systems from bullfrog gastric mucosa (2). On addition of ATP the ATPase system from dog gastric mucosa (1) catalysed an alkalisation of the outer medium which was accompanied by an equivalent acidification of the internal vesicle phase. Thus the pH change observed in the outer medium ( $pH_o$ ) was not the result of the formation of basic substance but was formally equivalent to the ATP hydrolysis driven transport of  $H^+$  ion into the vesicles. It was noted that important difference existed between the ATP hydrolysis driven entry of  $H^+$  ions into vesicles of the dog gastric microsomal fraction and the ATP hydrolysis driven proton translocation observed in sonic particles derived from mitochondria (3,4,5). In order to observe the translocation of  $H^+$  ions across the membrane of submitochondrial particles it is necessary to provide a mechanism for the movement of a counter ion which collapses the electrical component of the proton motive potential and this may be accomplished by the use of valinomycin in a medium containing  $K^+$

ions. It seemed probable that for that the ATPase system from dog gastric mucosa catalysed an electrically neutral transport of  $H^+$  ions accompanied by the transport of a counter ion. The finding that neither valinomycin in a medium containing  $K^+$  ions nor FCCP when added alone collapsed the  $pH_o$  changes supported this view and suggested that the membrane vesicles were impermeable to the counter ion. Furthermore it ruled out the possibility that the counter ion is a mobile charged substance present in the membrane as proposed to explain the backlash phenomenon in mitochondria (3). Similar conclusions have been reached for an ATPase system from hog gastric mucosa (6).

The observation that  $K^+$  ions stimulate the ATPase (1,2) and that addition of ionophore results in a further stimulation suggested that  $K^+$  entry into the vesicles is important in maintaining optimum activity and that  $K^+$  ions are the counter ion for  $H^+$  ion transport. This paper describes experiments which support this view.

**METHODS** Oligomycin was purchased from Sigma, valinomycin from Calbiochem, FCCP and gramicidin D from Boehringer and nigericin was a gift from Eli Lilly.

Dog gastric mucosa was obtained from control animal (Beagles 18-22 Kg) used in toxicological studies. The antral and cardiac regions were cut away and the glandular mucosa was removed from the muscle by scraping. It was chopped finely in a medium containing 250 mM sucrose buffered at pH 7.4 with 10 mM Tris HCl (sucrose Tris HCl) to give a suspension containing 20-25 g wet weight of tissue per 100 ml. When  $K^+$  ion containing vesicles were prepared sucrose was replaced by 150 mM KCl. The tissue was homogenised for 5 seconds in a Silverson tissue homogeniser followed by 5 strokes at 1500-2000 rpm in loose fitting teflon glass homogeniser. Differential centrifugation was carried out to give sediments at 500 g x 10 minutes, 20 000 g x 20 minutes and 150 000 g x 90 minutes. The 150 000 g sediment (microsomal fraction) was washed in sucrose (250 mM) medium and resuspended in the same medium except when homogenisation was done in a KCl medium when two washes were employed. All manipulations were done at 0-4°C.

The reaction cell (volume 4 ml) and electrode system used in measurements of pH was as described by Mitchell and Moyle (4). ATP hydrolysis driven changes of  $pH_o$  were measured by the ATP pulse technique described

by Mitchell and Moyl (5) Microsomal fraction was added to the chamber containing 150 mM KCl 5 mM glycyl glycine and 2 mM  $MgCl_2$  under aerobic conditions and incubated for 15 minutes prior to the addition of MgATP in the presence of 2.5  $\mu g/ml$  oligomycin. Measurements were made in the  $pH_0$  range 6.1 - 6.15 at  $25^\circ$ . In this pH range no net acid is produced when ATP is hydrolyzed to ADP and  $P_i$  (7). ATP was added as a 10  $\mu l$  of a solution containing 10 mM  $Mg_2ATP$  and 10 mM  $MgCl_2$  referred to as the MgATP solution. Valinomycin FCCP nigericin and oligomycin were added as solutions in methanol (1-10  $\mu l$ ). Protein concentration was measured by the method of Lowry *et al* (8).

**RESULTS** Figure 1 illustrates a typical experiment in which we have examined the effect of nigericin on the time-course of  $\Delta pH_0$  following the addition of MgATP (100 nmoles) to a suspension of microsomal vesicles in the pH range 6.1 - 6.15. Trace A records the  $pH_0$  change in the KCl medium in the absence of nigericin. Following treatment of the vesicles with nigericin (2.5  $\mu g/ml$ ) the extent of the  $pH_0$  change observed during the hydrolysis of MgATP is reduced and decays rapidly to the base line. Nigericin catalyzes a tightly coupled electrically neutral exchange of  $H^+$  and  $K^+$  ions in membranes from various sources (9). Thus the collapse of  $\Delta pH_0$  by nigericin following addition of MgATP indicates that the ATPase system catalyzes the ATP hydrolysis driven transport of  $H^+$  ions into the vesicles and an equivalent transport of  $K^+$  ion out of the vesicle.

If  $K^+$  ions are the counter ion for  $H^+$  ions the ATP hydrolysis driven  $pH_0$  changes should be decreased in the absence of  $K^+$  ions. When the KCl

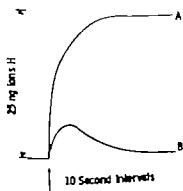


Figure 1 shows the time-course of ATP hydrolysis driven  $\Delta pH_0$  in a suspension of microsomal vesicles in the KCl medium described in Methods (Trace A). Trace B shows the time-course of  $\Delta pH_0$  in the presence of nigericin (2.5  $\mu g/ml$ ). MgATP (100 nmoles) was added indicated by arrows. Protein concentration 0.7  $\mu g/ml$ .

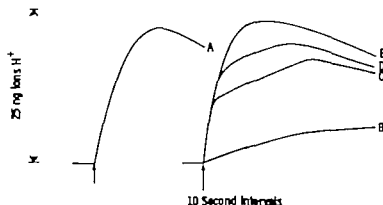


Figure 2 shows the time-course of ATP hydrolysis driven  $\text{ApH}_0$  in suspensions of microsomal vesicles in media of varying  $\text{K}^+$  concentration. Trace (A) 150 mM KCl (B) 150 mM choline chloride (C) 10 mM KCl + 140 mM choline chloride (D) 20 mM KCl + 130 mM choline chloride (E) 50 mM KCl + 100 mM choline chloride.  $\text{MgATP}$  (100 nmol) was added indicated by arrows. Protein concentration 0.78 mg/ml.

medium 1 substituted by NaCl or choline chloride medium both the extent and rate of the change of  $\text{pH}_0$  is greatly reduced. In Figure 2 the  $\text{pH}_0$  changes observed in KCl medium (Trace A) and choline chloride (Trace B) are compared. Traces C, D and E show the effect of increasing  $\text{K}^+$  concentration on  $\text{pH}_0$  changes during ATP hydrolysis in subsequent experiments with the same preparation. In the presence of 10 mM and 20 mM KCl a rapid phase and a slow phase of the time-course of  $\text{ApH}_0$  is observed. The rapid phase probably represents the transport into the vesicles of  $\text{H}^+$  ions in exchange for equilibrated  $\text{K}^+$  ions. We interpret the slow phase as being limited by the re-entry of  $\text{K}^+$  into the vesicles.

If the vesicular ATPase system is prepared with 150 mM KCl replacing sucrose microsomal vesicles can be obtained which retain KCl. This is demonstrated in Figure 3. When vesicles prepared in KCl and washed in sucrose are suspended in a choline chloride medium (Trace A) addition of valinomycin results in an alkalisation of the medium and a more rapid alkalisation is observed on adding FCCP. Thus the exit of  $\text{K}^+$  from the vesicles is limited by the movement of a counter ion but when the vesicle membranes are made freely permeable to  $\text{H}^+$  ions these can enter rapidly in exchange for K ions. The converse is observed when vesicles prepared in sucrose (low  $\text{K}^+$  ion content) are placed in KCl medium (Trace B).

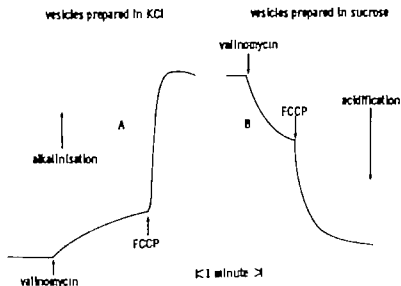


Figure 3 shows the time-course of  $\Delta pH_0$  when valinomycin (1.25  $\mu\text{g}/\text{ml}$ ) and FCCP ( $4.5 \times 10^{-6} \text{M}$ ) were added as indicated by the arrows to suspensions of microsome vesicles. (A) Vesicles prepared in KCl medium and suspended in 150 mM choline chloride; protein concentration 0.7  $\text{mg}/\text{ml}$ . (B) Vesicles prepared in sucrose medium and suspended in 150 mM KCl; protein concentration 0.55  $\text{mg}/\text{ml}$ .

Figure 4 (Trace A) shows that when vesicles with a high  $\text{K}^+$  content are suspended in a  $\text{K}^+$  free medium the addition of MgATP results in a rapid change of  $\Delta pH_0$  which contrast with the sluggish changes observed when low  $\text{K}^+$  containing vesicles are suspended in this medium (Figure 2). Trace B shows the sluggish change of  $\Delta pH_0$  in response to a further addition of 100 nmoles MgATP. This suggests that the  $\text{K}^+$  ions retained at high concentration in the vesicles have been pumped into the outer phase during the hydrolysis of the first addition of MgATP and insufficient  $\text{K}^+$  is retained within the vesicle to support the  $\text{K}^+/\text{H}^+$  exchange with a second addition of MgATP.

The mechanism of gastric acid secretion involve the transport of  $\text{Cl}^-$  ions in addition to  $\text{H}^+$  ions by the luminal membrane of the parietal cell. Since the transport of these ions is closely linked we have examined the effect of  $\text{Cl}^-$  ion on the ATP hydrolysis driven change of  $\Delta pH_0$ . Replacement of  $\text{Cl}^-$  in the suspending medium by  $\text{SO}_4^{2-}$  or glucuronate does not abolish the observed  $\Delta pH_0$  change in response to MgATP. However illustrated in Figure 5 the change in  $\Delta pH_0$  in  $\text{K}^+$  glucuronate medium has a characteristic low phase when compared with changes in KCl medium.

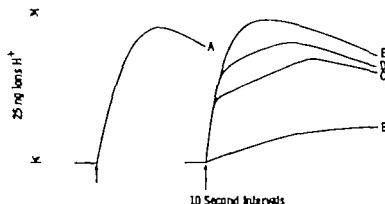


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this cannot be achieved by valinomycin or FCCP alone but only in combination it seems reasonable to conclude that this ATPase catalyses an exchange of 1  $H^+$  ion for 1  $K^+$  ion when examined under the conditions described in this paper. In a similar system from pig gastric mucosa in which vesicles were loaded with  $Rb^+$  it has been demonstrated that during ATP hydrolysis the exit of  $Rb^+$  and entry of  $H^+$  has a ratio near unity (10).

In keeping with this hypothesis it has been demonstrated that optimum proton transport driven by ATP proceeds only when  $K^+$  ions are present within the vesicles. The proton transport is greatly diminished in media in which the  $K^+$  ions are replaced by  $Na^+$  ions or choline ions as has been reported for the system from pig gastric mucosa (6). However when  $K^+$  loaded vesicles are prepared proton transport proceeds rapidly irrespective of the cation in the external medium.

If the  $K^+/H^+$  ion exchange ATPase located on the membrane vesicles from dog gastric mucosa is the system responsible for the transport of  $H^+$  ions by the luminal membrane of the parietal cell it seems reasonable to suggest that the mechanism for the transport of  $Cl^-$  ions might be associated with these vesicle membranes. The finding that the ATP hydrolysis driven transport of  $H^+$  ions is only moderately reduced when  $Cl^-$  ions are replaced by glucuronate or  $SO_4^{2-}$  ions suggests that  $Cl^-$  ions are not important in the exchange of  $H^+$  and  $K^+$  ions per se. However the slow phase observed in the time-course of  $\Delta pH_0$  in the absence of  $Cl^-$  is similar to that observed in low  $K^+$  media (see Fig 3). This suggests that the equilibration of  $K^+$  during the 15 minutes preincubation prior to the addition of MgATP is decreased in the absence of  $Cl^-$  ions. This might be explained if the natural permeability of the vesicles to  $Cl^-$  is greater than glucuronate or  $SO_4^{2-}$ . However it is possible that  $K^+$  entry into the vesicles via a transport pathway is dependant on the presence of  $Cl^-$  ions. The cotransport of  $K^+$  and  $Cl^-$  ions across the luminal membrane of the parietal cell in parallel with the  $H^+/K^+$  exchange ATPase might be an important mechanism for the secretion of HCl.

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Supplementum 451

MEASUREMENT of BIOGENIC AMINES

*using*

*cation exchange chromatography and fluorimetric assay*

By

COLIN ATTACK

GÖTEBORG 1977



ACTA PHYSIOLOGICA SCANDINAVICA

Supplementum 451

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MEASUREMENT of BIOGENIC AMINES

*using*

*cation exchange chromatography and fluorimetric assay*

By

COLIN ATTACK

This review relates in particular to the following papers which will be referred to by their Roman numerals:

- I Atack C and Magnusson T. A procedure for the isolation of noradrenaline (together with adrenaline), dopamine, 5-hydroxytryptamine and histamine from the same tissue sample using a single column of strongly acidic cation exchange resin. *Acta pharmacol et toxicol* in press (1977)
- II Atack C and Lindqvist M. Conjoint natrium and orthophthalaldehyde-condensate assays for the fluorimetric determination of 5-hydroxyindoles in brain. *Naunyn-Schmiedeberg's Arch Pharmacol* 279: 267-284 (1973)
- III Atack C V. The determination of dopamine by a modification of the dihydroxyindole fluorimetric assay. *Br J Pharmacol* 48: 699-714 (1973)

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## ABBREVIATIONS

Some commonly used abbreviations are the following

CNS	central nervous system
CA	catecholamines
NA	noradrenaline
A	adrenaline
DA	dopamine
5-HT	5-hydroxytryptamine
Hm	histamine
NM	normetanephrine
M	metanephrine
3-MT	3-methoxytyramine
Spd	spermidine
DOPA	dihydroxyphenylacetic acid
5-HTP	5-hydroxytryptophan
Hd	histidine
DOPAC	dihydroxyphenylacetic acid
DOMA	dihydroxymandellic acid
HVA	homovanillic acid
5-HIAA	5-hydroxyindole-3-acetic acid
HI	hydroxyindol
DHI	dihydroxyindole
THI	trihydroxyindole

Terms used : fluorimetric assay procedures (such terms : Inverted commas indicate actual fluorimetric recordings)

St	standard
RB	reagent blank
RB-rev	reagent blank reverse procedure
PS	purification sample from a blank eluate
PIS:	purification internal standard from a blank eluate
PB	purification blank from blank eluate
PB-rev	purification blank reverse procedure
S	sample
IS:	internal standard
TB	tissue blank
TB-rev	tissue blank reverse procedure
TBf	faded blank procedure
TBu	unoxidized blank procedure

OPT	orthophthalaldehyde
UV-light	ultra-violet light
EDA	ethylenediamine
EDTA	disodium ethylene diamine tetraacetate

## SUMMARY

Consideration is given to some of the many methods used for the purification and subsequent fluorimetric determination of the biogenic amines: noradrenaline and adrenaline, dopamine, 5-hydroxytryptamine and histamine. Particular emphasis is given to the methods utilized in the laboratories of the Department of Pharmacology, University of Gothenburg.

Purification of the amines is accomplished on short columns of strongly acid cation exchange resin. From one tissue sample the extracted amines are isolated on single column to separate fractions of small volumes: noradrenaline plus adrenaline 1.7 ml, dopamine 1.3.5 ml, 5-hydroxytryptamine 1.7 ml and histamine 1.4.5 ml with reasonably high recoveries of 75-100% depending on the amine. Excellent separation is achieved from non-basal compounds. The procedure is completed in a working day and several of the amine metabolites including tyrosine, DOPA, 3-methoxytyramine, tryptophan, 5-hydroxytryptophan, 5-hydroxyindole-3-acetic acid and histidine may also be obtained in fractions suitable for assay.

The fluorimetric procedure used for assaying 5-hydroxytryptamine, also 5-hydroxytryptophan and 5-hydroxyindole-3-acetic acid is a conjugative and orthophthalaldehyde (OPT)-condensate assay with tissue blank procedure common to the component assays. The conjugate assay has combined the advantages of the simplicity and rapidity of the native assay which is adequate for so many purposes with the high sensitivity of the OPT-condensate assay; and also provides a partial double-check on the accuracy and specificity of the indole determination.

For histamine the OPT condensate assay is used and the analytical procedure is especially valuable for studies of histamine in brain tissue because of its complete separation from spermidine in the column procedure.

The noradrenaline and adrenaline are assayed by trihydroxyindol (THI) assays using either ferricyanide as oxidant plus ascorbic acid as reducing/stabilizing agent or especially when highest sensitivity is required ferricyanide as oxidant plus sulphite and BAL as reducing and stabilizing agents.

Dopamine is measured by our new more sensitive version of the dihydroxyindol (DHI) assay procedure which has the added advantage of greater simplicity and reliability contributed by the self-regulating nature of the oxidation of dopamine in alkaline solution by ferricyanide.

The combination of purification and assay procedures makes possible the measurement of very small amounts in the region of 10 ng of each amine per tissue sample.



## INTRODUCTION

The biogenic amines noradrenaline, adrenaline, dopamine, 5-hydroxytryptamine and histamine are very widely distributed in animal tissues (for CAs see Holzbauer & Sharman 1972; for 5-HT see Garattini & Volzelli 1965; Espartero 1966; for Hm see Vugman & Rocha-Silva 1966). Numerous studies have been concerned with the role of the amines in different tissues (see e.g. Euler 1956; Garattini & Volzelli 1965; contributions to the 1st, 2nd and 3rd Symposium on Catecholamines edited by Kroyer 1959, Acheson 1966 and Uddé & Snyder 1973; and contributions to the Handbook of Experimental Pharmacology\* sub-edited for 5-HT by Espartero 1966, for Hm by Rocha-Silva 1966 and for CAs by Blaschko & Muscholl 1972) and an increasing proportion have focussed on their role as putative neurotransmitters in the mammalian central nervous system (see e.g. for references also Hornykiewicz 1966; Carlsson 1967; Bloom & Gloriam 1968; Andén, Carlsson & Högendal 1969; Green 1970; Snyder & Taylor 1972; Costa, Gessa & Sandler (Eds.) 1974; and Axelrod 1974). These studies have frequently necessitated accurate quantitation of the amines by analytical procedures which are adequately sensitive and specific.

Analytical techniques generally involve quantitative extraction, purification and concentration followed by quantitative assay. Fluorimetric analysis of the biogenic amines is the technique most widely used at present and this review is concerned with the procedures used for purifying and concentrating these amines and the subsequent fluorimetric assay.

Analytical Methods for Biogenic Amines: Prior to the mid 1950 bioassays were most commonly used and provided much of the early information on the biogenic amines (for CAs see Gaddum 1939; Collingham & Carr 1963; Van 1966; for 5-HT see Garattini & Volzelli 1965; Espartero 1966; for Hm see Code & McIntire 1956; Vugman & Rocha-Silva 1966). With their sensitivity and specificity it could be realised the presence and importance of the CNS of NA (see Vogt 1954), 5-HT (see Twarog & Pag 1953; Aul, Crawford & Gaddum 1954) and Hm (see Harris, Jacobsohn & Kohlson 1952; Adams 1961). However, the use of such biological measuring devices required considerable expertise and they were more time-consuming and difficult to standardise compared with physical methods of assay. Nevertheless, because of the superior sensitivity of bioassays, often of the order of  $10^{-9}$  to  $10^{-10}$  g, these more specific assays were usually preferred to

the physical spectrophotometric (colourimetric) assays with sensitivity generally of the order of  $10^{-6}$  g (see Pensky 1955; Hanson 1966; McInt 1966).

In the 1950s the use of fluorimetric assays combined the advantages of physical methods with a sensitivity similar to that of bioassay and thus to a large extent supplanted colourimetry. In analytical procedures using these types of assays similar methods for extraction and prior purification were often used to improve overall sensitivity and specificity.

With the introduction in 1955 of the spectrophotofluorimeter designed by Bowman (Bowman, Coultfield & Udenfriend 1957) fluorimetric assays became easier and their specificity could be used to the full (see Udenfriend 1962, 1969). In particular they enabled the importance of DA in the CNS to be realized (see Carlsson 1959b). A tremendous surge in research relating to the biogenic amines in the CNS ensued with the concomitant development and increasing use of agents for manipulating the biogenic amines (see e.g. Pletscher 1973). Many of these agents are structurally similar to the amines and may cause increasing problems of specificity in the bioassays; whereas fluorimetry is a physico-chemical technique with associated greater flexibility of wavelength combinations and the ability to record spectra providing greater discrimination and a high degree of specificity has been maintained. This in turn has led to great dependence on fluorimetry over the last 20 years.

During this period other analytical techniques have been introduced. Radiochemical analyses have been developed for the biogenic amines in which the inherent specificity of isotopic labelling is combined with the high sensitivity of assay by measuring radioactivity with a liquid scintillation spectrometer; and thus fairly simple extraction and purification procedures can often be used (see Beaven 1975). A radioimmunoassay has been described for 5-HT (Peskoff & Spector 1973; and also for normetanephrine by Peskoff, Peskoff & Levine 1972) but in general there are difficulties in developing antibodies to the biogenic amines.

Enzymatic isotope dilution derivative assays have been much more widely used for the amines; the enzyme preparations are more specific for the assays of 5-HT and Hm than for the CAs and consequently more purification is required for the CA analyses to increase overall specificity. These analyses have been used for the CAs in e.g. blood plasma (see Engelman 1972; Posen & Peuler 1973) and brain (Coyl & Henry 1973; Cuervo Hiley & Jensen 1973); and for 5-HT in brain (see Saavedra, Brownstein & Axelrod 1973). They have proved particularly valuable for measuring Hm in nervous tissue especially before the problems of inadequate specificity in the fluorimetric analyses were overcome and enabled the most sensitive type of assay available for Hm of the order of  $10^{-16}$  to  $10^{-12}$  g (see Snyder, Baldessarini & Axelrod 1966; Kobayashi & Maudsley 1972; Snyder & Taylor 1972). A cautionary note has been expressed about the versatility of such radiochemical techniques to neuropharmacology concerning the risk of enzyme interaction with the drugs or their

metabolites used for manipulation of amine homeostasis (Costa, Koslow & LeFevre 1975). The use of chemicals instead of enzymes to catalyze the transfer of the radio-isotope is still largely undeveloped for assaying biogenic amines (see Beaven 1975).

Analysis of the biogenic amines using high pressure liquid chromatography sometimes preceded by ion-pair extraction (Modi & Johnston 1971; Penson & Karger 1974) is receiving increasing attention as means of purifying and isolating biogenic amines. It has been coupled with either the UV-detector or the more sensitive electro-chemical detector for assaying the amines with overall sensitivity of the order of  $10^{-9}$  to  $10^{-11}$  g for measuring CAs (e.g. Refaehlauge, Kisinger, Dreiling, Blank, Freeman & Adams 1974) and 5-HT (e.g. Chilcote 1974; see also McMurry, Meyerson, Coshaw & Davis 1976).

The most rapidly developing of the analytical techniques available for studying the monoamines and their metabolites are, without doubt, those based on purification and isolation using gas-liquid chromatography (GLC) which contributes very high specificity. This has been directly coupled with suitable detecting devices for assaying the amines including: flame ionization detection (FID) for the biogenic amines (e.g. Fales & Pisano 1962; Maruyama & Takemori 1971, 1972); electron capture detection (ECD) for the monoamines (e.g. Karoun, Cattabeni, Costa, Ruthven & Sandler 1972; Lhuguenot & Maurice 1974); and mass spectrometry (MS). Mass spectrometry itself is rather insensitive but has been greatly improved by the development of the alternating voltage accelerator (AVA) with a single ion detector (SID) or multiple ion detector (MID) and the resulting assay technique which has been termed "mass fragmentography" gives greatly increased sensitivity and fingerprint identification (Sweeley, Elliott, Fries & Ryhage 1966; Hammar, Holmstedt & Ryhage 1968; see Hammar & Hiesling 1971; Gordon & Frigeri 1972). Since it is generally directly coupled to a GLC column which has great power of separation, the term mass fragmentography has also been used to define the complete analytical procedure. It increasingly meets the need to measure amines in smaller amounts of tissues, e.g. discrete brain areas where total amounts of amine are too low for quantitation using fluorimetric analysis (see Costa et al. 1975).

The sensitivity of mass fragmentography is of the order of  $10^{-11}$  to  $10^{-12}$  g for CA (Koslow, Cattabeni & Costa 1972) and  $5 \times 10^{-11}$  g for 5-HT (Cattabeni, Koslow & Costa 1972). The integration of GLC with MS allows rapid "through-put" of samples, e.g. up to 30 samples per day with 4 amine determinations per sample (Costa et al. 1975). However, mass fragmentography is rather expensive and vulnerable not only because of the complex mechanisms used but also because a large number of steps are involved: tissue extractions; preliminary conventional purification and concentration, e.g. by solvent partitioning unless very small amounts of tissue are extracted; derivatization procedure to form more volatile derivatives of the amines; and concentration of the derivative to a small volume (a few  $\mu$ l) before injection into the GLC; and consequently recoveries tend to be

low. Thus internal standards must be used throughout the procedure for each sample and a correction made to obtain more accurate quantitative values. Fluorimetric analysis requires less steps, extraction usually being followed by a single purification and concentration procedure prior to assay and is probably to be regarded as procedures more suited for routine use in the majority of laboratories.

Fluorimetric Analyses of Biogenic Amines: Fluorimetric analysis will frequently provide the sensitivity and specificity required for the study of the biogenic amines. However, there may follow the task of selecting the type of assay and prior purification procedure to use before further choosing from the formidable number of modifications which are available. Some of the factors influencing the choice are the existing expertise, the available equipment, technical assistance and in particular the overall sensitivity and specificity required. Many published analytical methods present a combined purification and assay procedure which is particularly suited to the author's interest. For different tissues or circumstances another combination e.g. a different purification procedure used with the same type of assay may be preferable. Thus in this review the fluorimetric assay procedures and many of their modifications are presented in separate sections from a more general consideration of prior purification procedures. Nevertheless, when actually using a complete analytical procedure, the assay should be optimally adjusted to the eluate obtained from the purification procedure. Examples are given of the procedures used in our own laboratories in the Department of Pharmacology, University of Gothenburg.

## METHODOLOGY

This review relates to procedures used in fluorimetric analysis for which an excellent account of principles and practical considerations may be found in the monographs entitled *Fluorescence Assay in Biology and Medicine*, volumes I and II by S. Udenfriend (1962, 1969). In this review particular attention is given to some of the methods recently developed in the Department of Pharmacology, University of Gothenburg and for details of materials and methodology used, the reader is referred to the original papers (I, II and III).

## REVIEW and PRESENT PROCEDURES

### A PURIFICATION of BIOGENIC AMINES prior to FLUORIMETRIC ASSAY

**Introduction:** The types of procedure most commonly used for purifying and concentrating biogenic amines prior to fluorimetric assay utilize chromatography: on strongly acid (sulphon) cation exchange resins (e.g. of the Dowex 50 type) or weakly acid (carboxyl) cation exchange resins (e.g. CG-50 type) or on alumina or by solvent partitioning. The methods were first described for purifying only a single amine but many modifications have subsequently been described some of which also permit the simultaneous determination of metabolites. For isolating several biogenic amines simultaneously these procedures are often extended or combined (see below).

**Procedures for the isolation of single amines**

**Catecholamines:** For purifying NA, A and DA procedures using Dowex 50 or alumina are probably most commonly used (for reviews see Udenfriend 1962, 1969; Shannon 1971; Weil-Malherbe 1971; Anton & Sayre 1972). Both can be simple, sensitive and reproducible and provide very similar results (e.g. Gunn 1963). A Dowex 50 column procedure is used for reproducibly separating NA (plus A) from DA and for eluting these CA completely separately from non-biogenic compounds (see Section A.4); in preference to CG-50 type columns (Bergström & Hanson 1951; Kirschner & Goodall 1957). On alumina the CA are not separated from each other nor usually from DOPA, but they can be separated from catechol acids. Alumina is generally used for recovering the CA completely separate from the corresponding 3-O-methyl amines (Shaw 1938; Lund 1949; Anton & Sayre 1962, 1964; Drail 1970; Weil-Malherbe 1971). In preference to ion-exchange columns (Haggendal 1962, 1962b, 1963; Mattak & Wilson 1965; Wright 1938). Recently CAs have been purified on columns of boric acid gel (Higa, Suzuki, Hayashi, Tsuge & Yamamori 1977). For most of our biological experiments more important gains in specificity are obtained by recovering



separately NA plus A, DA and DOPA plus tyrosine. The Dowex 50 procedure together with an almost complete separation of the CAs from their 3-O-methyl derivatives than by recovering the CA separately from their 3-O-methylated metabolites on alumina. However, no single procedure gives entirely satisfactory specificity for the fluorimetric determination of CA, and consequently alumina has often been used in conjunction with either Dowex 50 type (Costa et al. 1968; Taylor & Laverly 1969) or CG-50 type procedures (W. H. Malherbe 1968; Rizzini, Brunori & Valeri 1970) for purifying CA and also for the simultaneous determination of many of their metabolites (see also Maswoko, Dell, Schott, Alcaraz & James 1963; Spano & Neff 1971). Acid butanol partitioning of the alkaline-soluble CA, which recovers tend to be low, has been used alone (Shore & Olin 1958); also in combination with alumina (Chang 1964) or CG-50 columns (Fleming, Clark, Fenster & Towne 1965) to improve specificity. Quantitative specific paper chromatographical procedures have also been developed (Laverly & Shorman 1965; Crawford & Yates 1970).

5-Hydroxytryptamine: 5-HT alone is probably best purified on CG-50 type columns (for review see Sandler 1968; Anton & Sayr 1972). Although most other amines are not separated from 5-HT, those likely to be present produce little interference when assaying 5-HT. The procedure is more simple and rapid and 5-HT can be more easily eluted in a small volume with high recoveries using the CG-50 type columns (Berth 1961; Davis, Huff & Brown 1964; Andén & Magnusson 1967) than using Dowex 50 type columns. In both procedures interfering non-basal metabolites are removed. Of these 5-HIAA has been simultaneously recovered separately from 5-HT. A simple 2-step procedure using Sephadex G-10 and CG-50 type columns (Jonsson & Lewander 1970; Ahtee, Shorman & Vogt 1970). The Dowex 50 procedure is useful for the simultaneous purification of 5-HT and several of its metabolites (see Section A.4). 5-Methoxytryptamine is also separated and can be collected after 5-HT (see Paper II) cf. Green, Kozlov & Costa 1973). Techniques employing organic solvent partitioning, e.g. alkaline butanol for 5-HT (Udenfriend, W. Isbach & Clark 1955b; Mirolli 1966; Wise 1967) have been extended to simultaneously recover eluted compounds by using additional solvents (Quay 1963; Müller & Mallick 1970; Kono 1974) and have been used in an automated method by Korf, Schutte & Vemaza (1973). Paper chromatographical procedures have also been used (Ashcroft, Eccleston & Crawford 1965).

Histamine: Hm is completely separated from histidine and other non-basal compounds on cation exchange columns. It is eluted in a small volume with high recoveries completely separate from spermidine using either the Dowex 50 procedure (see Section A.4; also Green & Erickson 1964; Lorenz et al. 1970) or immediately acidic (phosphonic) cation exchangers (Krenszner & Pflüger 1966; Medina & Shore 1966; Michaelson & Coffman 1969; Schwartz, Lampart & Rose 1970), the latter exchangers being preferable for recovering also the Spd for assay (Michaelson 1967). Specificity with these procedures is greater than with either CG-50 type columns (Adam, Hardwick & Spencer 1957; Oates, Marsh &

Sjoerdma 1962; cf. Green & Erickson 1964); or alkaline solvent partitioning alone (Shor et al. 1959; Anton & Sayre 1969; Harvey 1973) which has been automated (Siragusa 1974). The amounts of HA present in neural tissues are normally small compared with the monoamines and often the lower limits needed for the sensitive fluorimetric assay are approached. However the enzymatic isotopic derivative techniques developed for HA are adequately specific and being more sensitive are now often preferred (see Snyder & Taylor 1972).

### Purification Procedures - General Comments

From an examination of the above and other published methods certain generalizations may be attempted with regards to the use of the different chromatographical techniques for purifying biogenic amines prior to fluorimetric assay.

Using cation exchange columns the biogenic amines are generally adsorbed at an acid or neutral pH. The amines can easily be completely separated from all acidic, neutral and amphoteric compounds (including a potentially interfering precursor amino acid) by using a variety of washes. The generally high recoveries of amines in small eluate volumes are unaffected by these washes which also greatly reduce the non-specific fluorescent material derived from tissue resulting in lower TB. These factors contribute to increased specificity.

Dowex 50 type resins are often preferable to the CG-50 type resins for purifying an amine in situations where greater specificity is usefully gained by separating it from other amines. This is because on Dowex 50 type columns the amines are reproducibly separated yet still in small eluate volumes even when extracted from relatively large amounts of tissue whereas on CG-50 type column separation of amines is more sensitive to variations in the electrolyte concentration of both the sample and eluants. For similar reasons Dowex 50 type columns are preferred where further resolution of the non-biogenic fraction (e.g. of amino acids) is simultaneously required. The buffer or weakly acid eluates often obtained from CG-50 type columns are sometimes more convenient for fluorimetric assay. Although strong acids are generally used to elute amines from Dowex 50 type columns fluorescent material leached from the resin causes only light interference in the assays if proper precautions are taken (Hägggöden 1962; see also Paper III). Alkaline adsorption is a very useful procedure for purifying CA being comparatively specific in retaining only catechol and not non-catechol compounds. Their adsorption is little influenced by the salt content of the sample making it especially valuable in the preliminary purification of CA from urine. Procedures can be simple and rapid with high recoveries in small eluate volumes although the best conditions both for the adsorption of the alkaline-labile CA and their elution are not agreed upon as partly evidenced by the large number of published modifications.

With solvent partitioning of amines (e.g. using salt-saturated butanol final eluates) or also small. However amines

or lost in washes which are used to improve upon the incomplete separation of amino acids and to reduce blank fluorescence in the assays. Also amine recoveries can be considerably influenced by sample constituents often necessitating subdivision of each tissue extract with resultant loss of sensitivity, one half being used with added authentic amine as a check on recovery. Thus for purifying biogenic amines prior to fluorimetric assay procedures other than solvent partitioning are often preferred (see e.g. Well-Maithe 1971; also section A.4) which are simple and of short duration but in which greater specificity and sensitivity are achieved. Paper and thin-layer chromatography are with certain noted exceptions generally only used for qualitative and semi-quantitative amine analyses.

Procedures for the simultaneous isolation of several amines: For simultaneously purifying several amines most available procedures are extensions or combinations of the methods described above for single amine with the same inherent advantages and disadvantages.

Using single column of Dowex 50 resin as described: Inactivate the entire content of NA (plus A), DA, 5-HT and Hm original. Present 1. the tissue sample is purified and concentrated into separate, generally small final eluate volumes with high recoveries and specificity and many of the amine metabolites can also be collected.

Separation of the amines has also been achieved on columns of intermediate acidity (phosphonic) cation exchange resins (Endo & Ogura 1973) and on weakly acidic cation exchange resins (Holman, Angwin & Borchas 1976) and also on alumina followed by CG-50 columns (Karasawa, Furukawa, Yoshida & Shimizu 1975).

Solvent partitioning has been used alone or as the first purification step after extraction: using either acid solvent extractions for CA and 5-HT (Mead & Finger 1961; Brownlee & Spriggs 1965; Matckel, Cox, Sallant & Miller 1968; plus 5-HIAA, Welch & Welch 1969; Miller, Cox, Snodgrass & Matckel 1970); or alkaline solvents for 5-HT and Hm (Cals 1961); or solvents at both pHs for all these biogenic amines (Sadarangvelvad 1970). Recoveries of the CA tend to be low. Acid solvent partitioning of the monoamines has been followed by either alumina and alkaline solvent partitioning (Ansell & Beeson 1968; plus 5-HIAA, Cox & Perbach 1973; plus 5-HIAA and HVA, Hautsch & Denzer 1973) or CG-50 (Fleming et al. 1965; Kariya & Aprison 1969) or by series of columns of weak cation and weak and strong anion exchange resins for monoamines, 5-HIAA and precursor amino acids (Smith, Lane, Shea, McBride & Aprison 1975) or Dowex 50 (plus DOPA, Wiegand & Perry 1961) to improve specificity but sensitivity is decreased being the product of losses. Different methods: Alkaline solvent partitioning of the non-CAs has been preceded by purification of the monoamines on a CG-50 type column (Borchas, Erdelyi & Angwin 1972) on Dowex 50 (Cox & Potkonjak 1967) or on an alumina column (Shellenberger & Gordon 1971).

In many of these procedures sensitivity is lost by subdividing the extract for two different purification procedures (e.g.

Sadavongvivad 1970) or for checks on amine recoveries (e.g. Ansell & Beeson 1968; Cox & Perbach 1973) or more commonly by sub-division of the final eluate which contains several amines (e.g. Barchas et al. 1972; Brownlee & Spriggs 1965; Anton & Sayre 1964; Weil-Malherbe 1971; Schlumpf et al. 1974). Sub-division of the eluate has been avoided by the sequential fluorimetric assay in the same tube of A, NA and DA (Chang 1964; see also Ansell & Beeson 1968; Shellenberger & Gordon 1971) and of 5-HT and Hm (Sadavongvivad 1970) but the attainment of adequate specificity must be carefully checked.

The introduction of Dowex 50 columns by Moore, Stein and co-workers for simultaneously separating a large number of amino acids eventually in an automated procedure (see Spackman, Stein & Moore 1958) has proved invaluable for biochemical research. Modifications of the Dowex 50 type procedures have led to the development of procedures in which at least 10 amines and related compounds of great interest to the neuro-pharmacologist can be simultaneously isolated in a single Dowex 50 procedure. Further modifications of this procedure to increase the number of compounds which can be separated should be possible and the high reproducibility may eventually lead to the development of an automated procedure.

#### PRESENT PROCEDURE for the PURIFICATION of BIOGENIC AMINES prior to fluorimetric assay:

**Introduction:** A procedure for the purification and concentration of the biogenic amines NA plus A, DA, 5-HT and Hm in to separate small eluates using a single column of Dowex 50 as first described in Paper I.

The development of such a procedure was undertaken to provide a more convenient method for measuring the high concentrations of Hm, DA and 5-HT in tumour and rodent mast cells. At the time no single purification procedure for all these amines existed although of the separate procedures available for each amine: organic solvent partitioning and more especially the Dowex 50 type cation-exchange column methods appeared promising as candidates for combined procedure.

Dowex 50 columns were introduced by Bertler, Carlsson & Rosengren (1958) for the purification and isolation of DA and NA plus A derived from brain tissue. Subsequently separate Dowex 50 procedures were described for Hm (Green & Erickson 1964) and for 5-HT (Cox & Porfankajak 1967). The linking of these procedures provided a method with several useful features: after placing the tissue extract on a single Dowex 50 column simple washing procedures could be used to remove all non-biogenic compounds with virtually no effect on the recoveries of the amines; and the total content of each amine in the tissue sample could be resolved into individual eluates. In prototype Dowex 50 procedure DA was eluted in 12 ml N HCl, Hm in 4.5 ml 2 N HCl and after washes with water to obtain a neutral effluent.

5-HT was eluted with 20 ml 0.1 N NaOH (in preference to 20 ml 4N HCl)

For studying the role of monoamines in the CNS the original Dowex 50 column procedure for the separate elution of NA plus A 1 to 8 ml N HCl and DA 1 to 12 ml N HCl was used (Bertler et al 1958; Carlsson & Lindqvist 1962b) in parallel with a CG-50 procedure in which 5-HT was eluted in 3.5 ml N HCl (Andén & Magnusson 1967). Using these cation exchange resins all non-bases including the precursor amino acids and 5-HIAA were removed by simple washing procedures; this frequently being of importance for neuropharmacological studies. However sub-division of the tissue extract and the running of two separate column procedures was required and thus the combined Dowex 50 procedure offered potential advantage but the 5-HT eluate was too large.

By incorporating ethanol in to the eluant acids the monoamines were eluted in much smaller volumes leaving Hm completely unaffected but separation of the monoamines was no longer complete. However by using combination of aqueous and ethanol HCl eluants the amines could again be resolved in to separate eluates whilst retaining small eluate volumes. Thus in the final procedure NA plus A were still eluted in 8 ml N-aqueous-HCl but DA and 5-HT were eluted in very much smaller volumes using N-ethanol (50%)-HCl DA in 3.5 ml and 5-HT in 7 ml; the Hm eluate remaining as 4.5 ml 2N aqueous HCl.

The four-fold decrease in the DA eluate volume provided a valuable contribution to overall sensitivity especially when coupled with the more sensitive assay for DA which has been developed for this eluate (see section E.6). For 5-HT the sensitivity remained unchanged in fact although the eluate volume was doubled the complete tissue extract could be used with saving in time and convenience.

A preliminary report of this single Dowex 50 column procedure for the simultaneous purification of the five biogenic amines was presented (Atack & Magnusson 1970) shortly after the only other procedure for purifying these amines was described (Sodavongvivad 1970) in which a combination of acid and alkaline organic solvent partitionings with sub-division of the eluates prior to assay was used. This procedure did not have the advantages of specificity and sensitivity obtained with the Dowex 50 procedure.

The Dowex 50 procedure has now been in routine use for several years. During this time a number of additional procedures have been incorporated for the purification and elution of several metabolites of these amines from the same column including e.g. 5-HTP and 5-HIAA (Lindqvist 1971); tryptophan (Bédard, Carlsson & Lindqvist 1972b); tyrosine and DOPA (Kehr, Carlsson & Lindqvist 1972) and 3-MT (Kehr 1974).

The use of Dowex 50 columns remains the easiest means available for completely separating NA plus A from DA. This factor combined with the numerous other advantages of the use of such columns (see also below) has prompted us to present the procedure in considerable practical detail (Paper I).

Procedures for the isolation of a single amine:

Catecholamines. For NA and A the Dowex 50 procedure is the method of choice in these laboratories due to the very high specificity contributed to the analytical procedure (see Paper I and section D 6). Important separations can include NA from DA as when measuring NA in the presence of relatively large amounts of DA in tissues such as the corpus striatum; and NA from  $\alpha$ -methyl-DA after administration of  $\alpha$ -methyl-DOPA (Carlsson & Lindqvist 1962b). The contribution to sensitivity (eluate = 8 ml) is adequate for many purposes. However shorter Dowex 50 columns may be used when separation from DA is less important the NA being eluted in a small (2.3 ml) volume when extra sensitivity is required to measure NA and A e.g. in blood plasma (Höggendal 1963).

For DA alone the Dowex 50 procedure is also the method of choice; contributing high sensitivity due to the small (3.5 ml) eluate; and high specificity to the overall procedure (see Paper I and section E 6). DA is completely separated from 6-hydroxy-DA which may be useful e.g. after administration of 6-hydroxy-DOPA or 6-hydroxy-DA; and from NA which is important when measuring small amounts of DA in the presence of relatively large amounts of NA in tissues such as spinal cord (e.g. Magnusson 1973).

The considerable separation of NA plus A and of DA from their respective 3-O-methyl-derivatives (80-90% separation) can be of value e.g. after MAO inhibition. The complete separation of all non-bases is important notably DOPA which interferes in the HI assays. The procedure can be extended to isolate not only the CAs but also some of their metabolites including DOPA and tyrosine (Kehr, Carlsson & Lindqvist 1972) and 3-MT (Kehr 1974). Longer Dowex 50 columns have been used for the complete separation of the CAs from their 3-O-methyl-derivatives derived from single tissue extract (Höggendal 1962b). An alternative approach is the use of two short Dowex 50 columns in parallel for purifying the amines after sub-division of the tissue extract: one aliquot of extract the CAs are destroyed by oxidation and 3-O-methyl-derivatives alone are purified and in the other the CAs and 3-O-methyl-derivatives are purified together (Carlsson & Lindqvist 1962a; Höggendal 1962a; Carlsson & Waldeck 1964). Dowex 50 columns have been occasionally used for urine and more accurate results may be obtained by purifying the eluate on a second Dowex 50 column before assaying the CAs (e.g. Andén & Henning 1974).

5-Hydroxytryptamine: For measuring 5-HT alone the CG-50 column procedure in which 5-HT is eluted in a small (3.5 ml) volume (Andén & Magnusson 1967) is generally preferred to the more time-consuming Dowex 50 procedure for 5-HT although the additional specificity obtained by the complete (>98%) separation of 5-methoxytryptamine (see Paper I, Paper II) may sometimes be important (cf. Green, Kostel & Costa 1973). In both cation exchange procedures the separation of all non-bases especially of 5-HIAA present

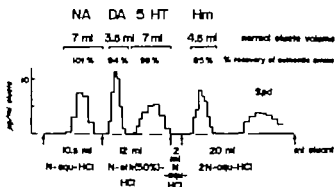
In normal brain tissue and of 5-HTP is important

However the Dowex 50 procedure becomes the method of choice for 5-HT when we require in addition the determination of some of its metabolites i.e. the metabolic pathway tryptophan  $\rightarrow$  5-HTP  $\rightarrow$  5-HT  $\rightarrow$  5-HIAA which can all be recovered from the same Dowex 50 column (useful for turnover studies of 5-HT in e.g. the spinal cord Carlsson Lindqvist Magnusson & Årck 1973)

**A 4.2 c** Histamines: For measuring Hm alone the shortened form of the Dowex 50 procedure i.e. the method of choice in these laboratories because it is rapid and convenient method with a small (4.5 ml) eluate and it contributes high specificity to the overall analysis. It is one of the few procedures in which there is complete separation of Hm from Spd which otherwise presents considerable problems in the assay of Hm in brain (see sections C 2.3 and C 3.7); and all non-bases are removed including Hd which can also be collected from the same column

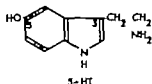
**A 4.3** Procedure for the simultaneous isolation of several amines:

When requiring to measure several amines from the same tissue sample the Dowex 50 column procedure is one of the most useful methods providing analytical procedure with high sensitivity and specificity. The entire amount of each amine can be collected in a separate small volume with reasonably high recoveries (75-100% depending on the amine). A considerable degree of separation from interfering amines is achieved. All non-bases are removed including precursor amino acids and acid metabolites some of which can also be recovered for fluorimetric assay (Lindqvist 1971 Kehr Carlsson & Lindqvist 1972). This is very valuable for comparative studies of amines e.g. in thyroid gland tissue (Årck Ericson & Melander 1972). Also for comparing turnover rates of the monoamines after inhibition of the aromatic amino acid decarboxylase activity (Carlsson Davis Kehr Lindqvist & Årck 1972). Hm can be measured in experiments designed primarily for the monoamines (see section C 3.7). Probably the most important factor is that the procedure provides the means of directly comparing several biogenic amines and a number of their metabolites under standardized experimental conditions with increased accuracy (for review see Carlsson Kehr Lindqvist Magnusson & Årck 1972).



## FLUORIMETRIC ASSAY of 5-HYDROXYTRYPTAMINE

Introduction: For reviews of fluorimetric assays used for 5-HT see g Udenfriend (1962 1969) Sandler (1963 1968) Garattini & Valzelli (1965) Hanson (1966) Malicki & Miller (1968) Lovenberg & Engelman (1971) and Anton & Sayre (1972). The structure of 5-hydroxytryptamine (5-HT) (serotonin) is



and its chemical properties were elucidated by Rapport and co-workers (1948 1949); see also Garattini & Valzelli (1965). They suggested a simple chemical assay could be based on its property to absorb UV light at 293 nm. Subsequently the most commonly used fluorimetric assay of 5-HT which utilizes this property has been

that dependent on native fluorescence in strong HCl; even though in the last decade some more sensitive techniques have been evolved.

### NATIVE FLUORESCENCE of 5-HT in WEAK ACID

5-HT in weak acid  $\longrightarrow$  Read at 295/340 nm

5-HT in weak acid at pH 3 exhibits the strong native fluorescence at 295/340 nm which is characteristic of all indoles (Bowman-Coulfield & Udenfriend 1955). The various indoles produce fluorescence at similar wavelengths and even although this is maximal at different pHs (see Udenfriend 1962) because of the large number of naturally occurring indoles the assay is insufficiently specific except for a few special purposes (e.g. Udenfriend et al 1955b). Blanks tend to be high due to light scatter from the proximity of activation and fluorescence wavelengths.

### NATIVE FLUORESCENCE of 5-HT in STRONG ACID

5-HT in strong (ca. 3N) HCl  $\longrightarrow$  read at 295/545 nm

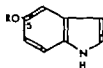
Optimal: The assay for 5-HT is based on its native fluorescence at 295/545 nm in strong (ca. 3N) HCl (Udenfriend, Bogdanski & Weissbach 1955a) and was introduced by Bogdanski, Miescher, Brodie & Udenfriend (1956) for assaying 5-HT in brain tissue. Increased stability of 5-HT in the strongly acid solutions has been reported when using ascorbic acid although its use also decreased 5-HT fluorescence.



due to absorption of actin ion light and quenching of fluorescence (Andén & Magnusson 1967; Thompson Spezi & Angulo 1969a). Cysteine has also been found to be an effective protecting agent for 5-HT in strong acid (Korf & V Ikenburgh-Stickens 1969). Dependent on the nature of the eluate an amount of concentrated HCl is used to obtain maximal fluorescence. Some bad batches of concentrated HCl contain impurities e.g. possibly  $F^{++}$  ions which can destroy 5-HT (Andén & Magnusson 1967; Udenfriend 1969). Red-filled 6N HCl can be used as a general precaution for preparing weaker solutions of HCl (Andén & Magnusson 1967). Where concentrated acid is needed its suitability can be tested before use (Udenfriend 1969; see also section B.3.2 and paper 11), and a reducing agent which protects 5-HT from the impurities e.g. ascorbic acid can be used in the assay (Andén & Magnusson 1967). Low blanks have been obtained by decreasing second order light scatter which at 590 nm is too close to the fluorescence wavelength with polarisers crossed (Wise 1967) or single (Adl & Hughes 1965) or with a plain glass filter (Andén & Magnusson 1967); although this use leads to loss of fluorescence due to light absorption.

- B.3.2 blanks: The first TB procedure incorporated into the assay by Boullin (1962) depended on the differential fading of 5-HT and non-specific fluorescence in 5 tubes; later strong oxidants were used to accelerate the reaction (Contractor 1964). Subsequently TB procedures involved selective oxidation of 5-HT in the TB tube either by ferricyanide plus UV light (Andén & Magnusson 1967) or by periodate (Korf & Sebers 1970) protection in the non-TB tubes being afforded by the reducing agents ascorbic acid and cysteine respectively.
- Additional aspects of this assay are considered below (section B.8).

- B.3.3 chemistry: Indoles substituted in the 5-position with OR where R = H or  $CH_3$  exhibit natural fluorescence in strong acid. The fluorescence of these 5-OR indoles activated at 295 nm is emitted at 340 nm when in weak acid; but with decreasing pH it is increasingly shifted to 340 nm whereas the fluorescence of other indoles is gradually extinguished (Udenfriend et al 1955a; Bowman et al 1955; Quay 1963). This shift in fluorescence wavelengths has been shown to be due to excited state protonation (see Udenfriend 1969 p. 8). Thus considerable specificity is gained by assaying 5-HT in strong (ca 3N) HCl.



5-OR indole

- B.3.4 specificity: When using the assay for 5-HT interfering fluorescence of other 5-OR indoles is maximal at the same wavelengths but exhibits quantitative differences from that of 5-HT (Quay 1963; Andén & Magnusson 1967; see also Paper 11). The fluorescence of some of these compounds is of sufficient intensity for their individual assay e.g. for 5-HIAA, 5-HTP and others (Udenfriend Weissbach & Brodie 1958; Ashcroft & Sherman 1962; Quay 1963; Jonsson & Lewander 1970).

Lindqvist 1971). This is an adequately specific assay for 5-HT in many tissues but in circumstances where other 5-OH indoles occur in extracts in sufficient quantities to give measurable fluorescence (e.g. 5-HIAA in normal brain tissue 5-HTP after administration or induction) care must be taken in choosing a suitable purification procedure to separate these from 5-HT (see section A) prior to its assay. The assay has been adapted to eluates obtained from most different types of purification procedure used for 5-HT (e.g. CG-50-type for brain (Andén & Magnusson 1967) and urine (Arterberry & Conley 1967) Dowex 50 for brain (Paper II) and solvent partitioning for brain, blood, liver and kidney (Fletcher & Aprison 1972).

## ORTHOPHTHALDIALDEHYDE-CONDENSATE ASSAY for 5-HT

5-HT: very strong (ca. 6.5N) HCl OPT + heat  $\xrightarrow[\text{temp.}]{\text{room read at}}$  360/470 nm

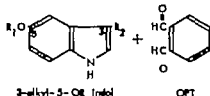
optima. For assaying 5-HT Maickel & Miller (1966) introduced the reaction with OPT in very strong (ca. 6.5N) HCl during heating at 100°C for 10 minutes to produce the fluorophore, the assay being applied by Maickel, Cox, Saillant & Miller (1968) to measure 5-HT in brain tissue. The use of cysteine in the assay has resulted in considerable increase in the reproducibility and intensity of fluorescence (Korf & Valkenburg-Sikkema 1969; see also Korf & Sebens 1970; Curzon & Green 1970); similar results have been obtained using reduced glutathione (Peuler & Posson 1973). The amount of acid required to give maximal fluorescence depends on the nature of the eluate: concentrated HCl is the acid most commonly used (e.g. Maickel & Miller 1968; Korf & Sebens 1970; Thompson et al. 1969b) although concentrated H<sub>2</sub>SO<sub>4</sub> was subsequently preferred by Korf, Schutte & Venema (1973). In applications of the assay various concentrations of OPT (usually dissolved in methanol) generally 0.02–0.04 mg/ml, eluant solvent and various times of incubation generally at 100°C (but c.f. Section B.8) for 10–30 minutes have been used (e.g. Maickel & Miller 1966, 1968; Miller & Maickel 1970; see also Thompson et al. 1969b; Kamezu & Thompson 1971).

blanks. The first TB procedure for the assay introduced by Korf & Sebens (1970; Korf & Valkenburg-Sikkema 1969) is in principle identical to that used in the nial assay: involving oxidation of 5-HT by periodate in the TB tube with the cysteine protecting 5-HT in the non-TB tubes.

Automated versions of the OPT-condensate assay for 5-HT (and 5-HIAA) have been developed (Korf et al. 1973; Peuler & Posson 1973).

Additional aspects of the assay are considered below (section B.8).

chemistry The chemical basis of this OPT-condensate assay is that 3-alkyl 5-OR indoles where  $R_1 = H$  or  $CH_3$  and  $R_2 = 2-$  or 3-carbon side chains can be reacted with OPT in very strong and hot HCl to form a fluorophore but the nature of the chemical reaction has not been elucidated (see Malicki & Miller 1966)



specificity When using the assay for 5-HT the most practical applications the compounds most likely to interfere would be the same as in the nial assay even though additional specificity is gained by comparison with the native assay by virtue of the substituent required in the ring-3 position. However there are quantitative differences compared with the nial assay the amount of fluorescence produced by the different indoles several of which give considerably more fluorescence than 5-HT e.g. melatonin gives 3-5 times more fluorescence than 5-HT (Malicki & Miller 1966). Fluorescence of these indoles is maximal at similar wavelengths to 5-HT (personal observation). Individual assays have been described for 5-HIAA (Korf & Volkenburgh-Stikkema 1969; Curzon & Green 1970), 5-HTP (Tachiki & Aprison 1975) and other 3-alkyl 5-OR indoles (Miller & Malicki 1970). OPT has also been used for assaying many other compounds but under very different conditions (see section C 2.4). For 5-HT itself the intensity of fluorescence is substantially greater than in other 5-HT assays (Malicki & Miller 1966; Anton & Sayre 1972). In those circumstances where there is an expectation of other 3-alkyl 5-OR indoles in the tissue extract of which 5-HIAA and 5-HTP are the most likely an appropriate purification procedure must be used for 5-HT prior to its assay. The assay has been adapted to the eluates from most types of purification procedures e.g. CG-50-type for brain (Korf & Sebens 1970) and urine (Korf & Volkenburgh-Stikkema 1969); Dowex 50 for brain (Paper II) and solvent partitioning for brain (Malicki et al 1968).

## B 5 NINHYDRIN-CONDENSATE ASSAY for 5-HT

5-HT		+ heat	room temperature	read at
1 buffer	ninhydrin	→		
pH 6.5		Incubation time + development time		390/495 nm
		at 75°C for 30 min +	60 min	

B 5.1 optimum This assay for 5-HT based on its reaction with ninhydrin in a hot near-neutral solution was introduced by Vanebl (1963) following an earlier paper-chromatographical procedure (Jepson & Stevens 1953) and was slightly modified when applied to tissues by Snyder Axelrod & Zweig (1965) also McCammon McCammon Hunt & Smith (1965). The

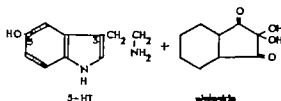
conditions used in these versions of the assay may be considered. The optimal pH of the reaction in phosphate buffer was found to be 6.5 by Vanabl (1963); other pHs used were 6.75 and 7.0. The purity of the ninhydrin is important and an optimal concentration in the reaction mixture of 0.8 mg/ml for purifications of 5-HT was demonstrated by Vanabl (1963); for tissue eluates up to 2 mg/ml ninhydrin has been used. Various combinations of incubation conditions plus development time were used: 60°C for 60 minutes plus 30 minutes; 75°C for 30 minutes plus 60 minutes; and 100°C for 10 minutes plus 5 hours; the higher incubation temperatures giving a greater fluorescence yield (see McCaman et al 1965). However near maximal fluorescent and increased specificity were reported following incubation at 60°C for 20 minutes (Quay 1968). Since fluorescence was unchanged between pH 5 and 8 it could be recorded in the same solution (Blau 1973).

**blank:** A TB procedure is often omitted in these assays. Although Ansell & Beeson (1968) obtained a TB by adding ninhydrin immediately before reading the fluorescence.

Subsequently a TB procedure was introduced by Shellenbarger & Gordon (1971); after recording the 5-HT-derived fluorescence in the 5 tube it was selectively destroyed by adding alkaline sodium sulphite reagent and the TB fluorescence was recorded in the same tube 20 minutes later.

Automated versions of the ninhydrin-condensate assay for 5-HT have been developed (Blau 1973; Taylor & Crawford 1974).

**chemistry:** The chemistry of the reaction between 5-HT and ninhydrin has not been fully established but was suggested by Vanabl (1963) to involve condensation of 5-HT with ninhydrin followed by cyclization to form tetra-hydro-harman derivative.



derivative

**specificity:** The reaction appears to be very specific for 5-HT. Interference is given by  $\alpha$ -methyl 5-HT (ca 92% McCaman et al 1965) but most related compounds give little (e.g. 6-hydroxytryptamine = 5%; bufexetine = 2.5%; 5-HTP = 1.2% and 5-HIAA 0.2%) or no measurable fluorescence (Snyder et al 1965; Quay 1968). Furthermore interference may be decreased by using lower incubation temperatures (e.g. 60°C for 20 minutes (Quay 1968)). However problems of interference in this assay have been encountered possibly due to the presence of amino acids which are either endogenous or have been administered (e.g. p-chlorophenylalanine (PCPA) (an inhibitor of tryptophan hydroxylase) (Vanabl 1963; Ansell & Beeson 1968; Welch & Welch 1969; Anton & Sayr 1972). Also number of carboline derivatives have native fluorescence at the wavelengths used in the

5-HT ninhydril assay (Quay 1968) An individual assay for bufotenine could possibly be developed: it produced an intense fluorescence after a prolonged incubation of several hours with ninhydrin by which time 5-HT derived fluorescence had declined to a low level (see Quay 1968). This may be useful since bufotenine is difficult to discriminate from 5-HT in the native and OPT-condensate assays (see Paper II). When analysing 5-HT purification procedures should preferably remove non-basic compounds. Published applications of the assay have generally involved purification by solvent partitioning to a final phosphate buffer of pH 6.5-7.0, such conditions being ideal for the direct addition of ninhydril (e.g. Snyder et al. 1965).

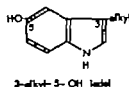
## B.6 INCUBATION ASSAY for 5-HT

5-HT In $K_3PO_4$ buffer pH 13	+ heat e.g. 90°C for 30 min	cool to → room temp	read ? 355/400 nm
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B.6.1 **optima:** This incubation assay was described for 5-HT by Anton & Sayre (1972) and differs only very slightly with respect to incubation conditions from that assay introduced earlier for 5-HIAA (Anton & Sayre 1971). In the only published description a pH of 13 for incubation was obtained with tripotassium orthophosphate buffer, the purity of which was stated to be especially important. For 5-HT the solution was heated at 90°C for 30 minutes and fluorescence was found to be stable for several hours.

B.6.2 **blank:** The routine TB procedure involved replacing the phosphate buffer by water in the TB tube. Smaller blank values were also obtained by other means. The phosphate buffer could be added immediately before reading the fluorescence, but this was not convenient for routine use. Alternatively the 5-HT could be oxidised with periodate or hydrogen peroxide before incubation, a TB procedure which the authors preferred not to adopt (Anton & Sayre 1972) but which could be useful especially if the results of the routine TB procedure were in doubt.

B.6.3 **chemistry:** In this assay 3-alkyl 5-HT-indoles, where the 3-alkyl side chain has arial substituents can be incubated at high pH to form fluorophores. However the chemical nature of the reaction has not been fully elucidated although Anton & Sayre (1971) suggested it may be based on an aldol-like addition involving condensation of several molecules of the indole to form a fluorescent polymeric product.



B.6.4 **specificity:** When using the assay for 5-HT compounds found to give considerable interfering fluorescence were 5-HIAA, 5-hydroxytryptophol

N-acetyl 5-HT (which all gave greater fluorescence than 5-HT) and 5-HTP, whereas no fluorescence was obtained from 5-methoxyindoles (Anton & Sayre 1972) (bufotamine could also be expected to interfere; and the effect of 6-hydroxyindoles was not given). In the case of the assay optimized for 5-HIAA, fluorescence intensity was reported to be considerably greater than is obtained in the corresponding native and OPT assays (Anton & Sayre 1971). In those circumstances where other 3-alkyl 5-OH-indoles are expected to be present in the extract, 5-HIAA and 5-HTP again being the most likely, an appropriate purification procedure can be used for 5-HT prior to its assay. This assay seems simple and straightforward especially for applying to 5-HT in eluates of weakly acid to alkaline nature; its only application having been to the eluate from solvent partitioning procedure (Anton & Sayre 1972).

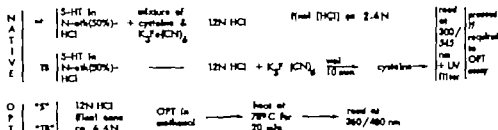
**Conclusions:** When assaying 5-HT the native assay in strong HCl has proved satisfactory for many requirements. It is very simple and rapid to perform with high sensitivity and when coupled with fairly simple purification procedures the overall specificity is also high. The three derivative assays for 5-HT all provide greater sensitivity, the most intense fluorescence being produced by the OPT assay which has probably been the one most widely applied when extra sensitivity is required. The other two assays so far less widely used may be valuable for circumstances where their characteristic specificity is wanted. Sensitivity can be of the order of  $10^{-8}$  g 5-HT per cuvette ml when using the native assay in strong acid and  $10^{-9}$  to  $10^{-10}$  g in the derivative assays.

#### PRESENT PROCEDURE for the CONJOINT NATIVE and OPT-CONDENSATE ASSAY for 5-HYDROXYTRYPTAMINE

**Introduction:** The adaptation of two different fluorimetric assays for 5-HT to the N-ethanol (50%)-HCl eluate from our new Dowex 50 purification procedure is described in Paper II.

For assaying 5-HT in N-aqueous-HCl eluate obtained from CG 50 columns the native assay in strong acid with TB procedure incorporated is often preferred in our laboratories (Andén & Magnusson 1967). Therefore when using the Dowex 50 procedure from which similar eluate is obtained this assay seemed good one to adopt since over a number of years it has proved simple, rapid and reliable in use. However although its sensitivity is frequently adequate on some occasions greater sensitivity would have been appreciated. Of the three more sensitive assays for 5-HT the OPT assay was reported to give the most intense fluorescence and also it was performed in acid conditions. Thus it seemed easier to adapt the OPT assay than the other two assays to the Dowex 50 eluate. Preliminary tests showed that the OPT assay was suitable whereas the ninhydril assay considerable interference was caused by ethanol and material from the Dowex 50 resin. There were sufficient

similarities between the native and OPT assay procedures to encourage us to try and combine them into a conjoint procedure with common TB procedure such that both assays would be performed sequentially in the same tube. By this means we could benefit from the differing advantages of both assay procedures. Since 5-HIAA and 5-HT were separately purified in our Dowex 50 procedure the conjoint assay was also modified to suit their respective eluates.



B.8.2 optima. By using ethanol we immediately obtained increased sensitivity in the native assay for 5-HT the 50% ethanol in the N HCl eluate giving a 75% increase in fluorescence intensity with little effect on the OPT assay (for 5-HIAA, in ethanol in the eluate gave a 50% increase in the native assay and also 25% increase in the OPT assay); the purity of the ethanol (see section E.5.3) influenced TB values.

Cysteine used in preference to ascorbic acid and the dispensing with UV light to complement the ferricyanide treatment both resulted in less quenching of native fluorescence. Cysteine increased the stability of the 5-HT in ethanolic-HCl the effect being most marked in very strong and hot acid as indicated by no decrease in native fluorescence under these conditions. This will at least partly account for the previously reported increase in intensity and stability of fluorescence obtained in the OPT assay in the presence of cysteine. However, cysteine may also improve the conditions for the actual reaction between 5-HT and OPT. Ascorbic acid gave variable fluorescence and unacceptably high RBe in the OPT assay and could even decrease the stability of 5-HT in acid.

Ferric ions present in the concentrated HCl possibly the cause of bad batches of HCl interfering in the native assay for 5-HT were also found to greatly decrease or prevent fluorescence being obtained in the OPT assay. Furthermore, cysteine which is used in the present and other published assays was found not to protect 5-HT against oxidation by  $Fe^{++}$  ions in the concentrated HCl. Consequently when using cysteine in the assays the HCl added in both native and OPT assays must be free from such impurities and to ascertain this a simple test procedure was developed based on the ability of ascorbic acid to protect 5-HT against  $Fe^{++}$  in the concentrated HCl.

The OPT reagent obtained from Fluka and recrystallized was found to give low blanks (as for histamine see section C.3.3). The optimum concentration of OPT in the reactant solution was 0.05 mg/ml which is in agreement with amounts commonly used.

Methanol was used as solvent for the OPT. Its use was compared with xylene but we did not find the great variability with methanol which was experienced in the H<sub>2</sub>amine assay by Yusem, Delaney, Lindberg & Fashing (1969).

Incubation at a temperature of 80°C for 20 minutes was found to be optimal. The values shown in Paper II fig. 1 were obtained following an incubation time of 20 minutes. This time was chosen after preliminary experiment showed that for incubation temperatures of both 70° and 100°C fluorescence remained essentially unchanged between 10 and 20 minutes. When incubating at the more commonly used temperature of 100°C fluorescence was more variable and blanks were higher. In the case of 5-HT and 5-HIAA assays this was probably partly due to evaporation of organic solvents. However even with aqueous HCl which is more commonly used in analyses for 5-HT and 5-HIAA maximal fluorescence was also obtained at 80°C.

Fluorescence for 5-HTP was found to be already maximal at 40°C and remained essentially unchanged up to 80°C (see Paper II). Subsequently Tochiki & Aprison (1975) studied in detail the assay for 5-HTP and found that by incubating at the lower temperature of 40°C for 60 minutes a ten fold increase in OPT concentration could be used and higher normality of HCl than resulting in increased fluorescence and with lower and more stable blanks without the need for stabilizing agents which themselves decreased fluorescence. Apparently when incubating at higher temperature lower OPT concentrations were necessary to avoid the formation of non-specific fluorescence. Thus in the control procedure for 5-HTP (Paper II table 1) the above improvements could probably be incorporated to advantage: after recording the initial fluorescence the complete volume of 12 N HCl could be added prior to incubation, the concentration of OPT could be increased and the solutions incubated at 40°C for 60 minutes.

However for 5-HT a temperature nearer 80°C for incubation may well prove to be optimal (as shown in Paper II); after incubating at only 60°C fluorescence was still increasing after 60 minutes (Tochiki & Aprison 1975). The suitability of incubation temperatures near 80°C for 5-HT has been confirmed by others (e.g. Peuler & Passon 1973; Smith et al. 1975).

blanks: Ferricyanide was chosen for oxidising 5-HT in the TB procedure. When comparing ferricyanide and periodate both agents were found to oxidise 5-HT more efficiently in strong acid (pH oxidation occurring in HCl weaker than 1N) and for these conditions UV-light is not required with ferricyanide. However ferricyanide was found to be more specific for 5-HT when applied to Dowex 50 eluates: it oxidised less material derived from red and in addition periodate reacted more with material derived from tissue. The TB procedure utilizing ferricyanide and cysteine generally gave a Dowex 50 blank column error of less than 3 ng 5-HT per column and its accuracy was further checked using nervous tissue depleted of 5-HT which after correction for the blank column error gave essentially zero values.



B 8.4 specificity: The behaviour of a number of 5-OR Indoles in the native and OPT assays were compared to show the quantitative differences in the amount of fluorescence produced in the two assays. *g* melatonin gave fluorescence three times that of 5-HT in the OPT assay and only half that in the native assay. Many of the 5-OR Indoles which would interfere in both assays for 5-HT including the metabolites 5-HIAA and 5-HTP were removed by the Dowex 50 purification. In fact the only interfering compounds found to be present in the 5-HT eluate were bufotenine and  $\alpha$ -methyl 5-HT. The conjoint native and OPT condensate assay was also used for measuring 5-HIAA and 5-HTP after making small modifications appropriate to their respective eluates from the same Dowex 50 column. Most of the 5-OR Indoles which were tested would be purified to the same Dowex 50 eluate as 5-HIAA. However their presence may be detectable by a discrepancy between the values obtained in the native and OPT assays. (If further investigation were to ascertain the identity of the interfering 5-OR Indole in the assay of 5-HIAA then it may be possible to quantify both Indoles in the same conjoint native and OPT condensate assay by means of simultaneous equations: e.g. In pure solutions we were able to differentially quantify 5-HIAA and 5-hydroxytryptophol in mixtures; however if the conjoint assay was to prove useful in establishing the presence of an interfering 5-OR Indole then we would probably prefer to choose a purification procedure in which these compounds were separated prior to assay).

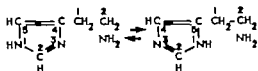
B 8.5 sensitivity: In the native assay increased fluorescence was obtained by the presence of ethanol, the use of cysteine instead of ascorbic acid and the omission of UV light from the ferricyanide treatment. Each unit above the RB was equivalent to ca. 0.95 ng 5-HT per tube. By contrast using the much greater fluorescence intensity obtained in the OPT condensate assay 1 meter unit was equivalent to 0.07 ng 5-HT per tube and since the reproducibility and accuracy of the TB procedure was high smaller amounts of 5-HT could be quantified with greater reproducibility. The sensitivity of the OPT assay was not decreased by the incorporation of the native assay. The assay was shown to have a linear relation between fluorescence and concentration from 1/5000 ng 5-HT and the reproducibility of the assay is such that 10 ng 5-HT per column could be quantified.

B 8.6 Conclusion: The inclusion of the native assay for 5-HT permits greater continuity of data to be maintained using this type of assay which over a number of years has been found to be simple and reliable and which remains satisfactory for many purposes. Its incorporation into a conjoint procedure in which the OPT assay can be sequentially performed in the same tube with a blank procedure common to both assays provides an opportunity to gain experience and confidence with the OPT assay by a direct comparison of results. Then on those occasions when the native fluorescence is difficult to read the procedure may be continued to utilize the extra sensitivity of the OPT assay. Furthermore quantitative differences in interference by other Indoles in the two component assays provide a double check on

specificity discrepancies between the two assays have been reported previously (Baumgarten, Everett, Holman, Jensen, Vogt & Wilson 1972).

The conjugate assay procedure has been presented in forms suitable for application to 5-HT, 5-HTP and 5-HIAA in their appropriate eluates from the new Dowex 50 purification procedure. This is our preferred combination of purification and assay procedures for 5-HT when measurements are also required of its metabolites or other amines. For measurements of only 5-HT we still prefer to use our simpler and more rapid CG 50 purification procedure (Andén & Magnusson 1967). Moreover we have been able to combine its advantages with those of the conjugate native and OPT-condensate assay applying the same assay schedule to the N-aqueous-HCl eluate. The small eluate volume (3.5 ml) in conjunction with the OPT assay provides a very specific and sensitive overall procedure for determining 5-HT.

- C.1 Introduction: For reviews of the fluorimetric assay of Hm see e.g. McIl Hre (1966) Udenfriend (1969). The structure of histamine (Hm) 4(or 5)-(2-amino ethyl) Imidazol and its chemical properties have



histamine

been reviewed by Jones (1966) (see also Ganellin 1973). Hm lacks useful light absorption or emission properties unlike the other amines under consideration and consequently there is no assay based on

native fluorescence. The only fluorimetric assay for Hm which has been widely used is that based on its reaction with OPT to form a fluorescent derivat.

## C.2 ORTHOPHTHALDIALDEHYDE CONDENSATE ASSAY for Hm

Hm in strong NaOH solution + OPT  $\xrightarrow[\text{temperature/time dependent}]{\text{condensation}}$  Acid to give pH ca. 2.5  $\xrightarrow[\text{temp. 350/450 nm}]{\text{room read at}}$

- C.2.1 optimal: The fluorimetric assay for Hm based on its condensation with OPT in strong alkaline solution followed by acidification to produce the fluorophore was introduced by Shore, Burkhalter and Cohn (1959) who applied it to tissues (for brain tissue see C.3.7). Subsequent alterations have given greater reproducibility and small increases in sensitivity. However, a recent detailed investigation of the assay has resulted in greatly increased sensitivity and specificity (Håkanson, Rönnerberg & Sjöstrand 1972; Håkanson & Rönnerberg 1974).

The alkaline pH at which condensation of Hm with OPT occurs optimally was found to be ca. 12.7 by Håkanson and co-workers (1972). The amount of NaOH required depends on the nature of the tissue and in most published assays a pH between 12.5 and 13.5 is achieved. The purity of the OPT is important (see e.g. Yusem et al. 1969) and most laboratories recrystallize the manufacturer's product. As a solvent for OPT methanol is generally employed, although Yusem et al. (1969) were unable to obtain results as reproducible as with xylene. The concentration of OPT used in the assay is particularly important; in excess OPT may additionally react with other substances

to produce non-specific fluorescence the interference of which is not easily recognised because of the inadequacy of the TB procedure (see C 2.2). The lower concentration of OPT of 0.1% instead of 1% was added in the assay by Noah & Brand (1961). The effects of this change were studied by Redlich & Gluck (1965) who found that the lower concentration of OPT gave greater reproducibility and stability of fluorescence in addition to much greater decrease of fluorescence in the S as compared with the St. The small loss of Hm fluorescence was later avoided by slightly increasing the concentration of added OPT to 0.2% (= 0.07 mg/ml in the reactant solution) and this also gave a 50% decrease in RB fluorescence when compared with a 1% solution of OPT (Håkanson *et al.* 1972). EDTA has been used in the alkaline solution (Krenzelok & Pfeiffer 1966) to help prevent the decreased yield of fluorescence induced by many cations (Krenzelok 1966; Håkanson *et al.* 1972). The reaction has until recently (see below) always been performed at about room temperature allowing ca. 4 minutes (Shore *et al.* 1959) sometimes in a water bath to gain increased reproducibility (e.g. Yusem *et al.* 1969).

Acidification (to pH of ca. 0.8) was found by Shore *et al.* (1959) to stabilise the fluorophore which is rather labile in alkaline solution. Increased sensitivity was obtained following the observation that fluorescence intensity increased rapidly up to pH 2 and then remained constant to beyond pH 4 (Krenzelok & Wilson 1961) the actual pH range varying slightly depending on the acid used (Håkanson *et al.* 1972). Sulphuric acid gives a slightly higher fluorescence intensity than other acids extending to pH 6 probably due to the slight potentiation of fluorescence by  $\text{SO}_4^{2-}$  ions as compared with the quenching caused by most other anions (Håkanson *et al.* 1972). However phosphoric acid with its good buffering capacity has been most commonly used to give a pH between 2 and 3 (Krenzelok & Wilson 1961); other acids used include lactic acid (Anton & Sayre 1969) and HCl (Thompson 1961).

Fluorescence intensity in a improved Hm assay has been more than doubled as a result of the detailed studies recently made by Håkanson, Rönberg and Sjöland. Perhaps the most surprising finding concerns the temperature optimal for the Hm-OPT condensation considering that for over 10 years condensation for ca. 4 minutes at room temperature has been so widely adopted. Fluorescence was increased by ca. 35% using a condensation at 0°C for 40 minutes (Håkanson *et al.* 1972). An additional 36% increase in fluorescence was obtained from the reaction at 20°C for 10 hours this being the optimal temperature for the Hm-OPT condensation determined by Håkanson & Rönberg (1974); lower RB were also obtained. Furthermore nitrogen to gas the reaction mixture was used in these studies to obtain an additional 40% increase in fluorescence; this following the observation that the condensation of Hm with OPT was adversely affected by the presence of oxygen. Recently the increased sensitivity gained by adopting some of these modifications (incubation at 0°C under  $\text{N}_2$ ) was confirmed but retention of the conventional assay was recommended on the grounds of decreased reproducibility (Braidwood & Owen 1974). This seems somewhat precipitous since only one factor e.g. gassing

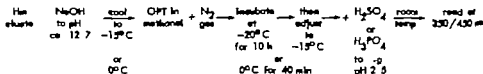
with  $N_2$  may have led to the increased variability whereas several factors contribute to the increased sensitivity of the improved assay

C 2.2 blanks: the commonly used reversed blank procedure (TB-rev) included in the original procedure of Shore et al (1959) OPT is not added until after the final acidification (in some schedules OPT is entirely omitted). However it would appear that materials which react with OPT in alkaline solution to form non-specific fluorescence frequently do not do so in acid solution. Thus the TB-rev is not an accurate quantitation of non-specific fluorescence and being too low its use leads to false over estimations of Hm values; for example even with pure solutions TB-rev can be lower than the RB (Radlich & Glick 1965; see also C 3.4 below). In this respect a TB procedure is required in which the OPT is present in alkaline solution but can only react with those substances contributing non-specific fluorescence.

Automated versions of the OPT condensate assay for Hm (condensation at room temperature) have been developed (Evans, Lewis & Thomeon 1973; Stragorian 1974).

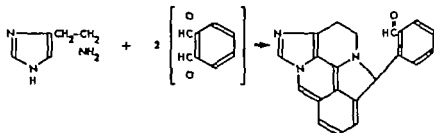
Additional aspects of the assay are considered below (section C 3).

Utilising the improvements discussed above an assay in which great sensitivity is required for Hm could have the following format:



In the TB-rev procedure the addition of OPT is postponed until after the final acidification.

C 2.3 chemistry: Rönberg, Cederlund & Håkanson (1977) isolated the fluorophore formed from the condensation product of one molecule of Hm with 2 molecules of OPT to yield the polycyclic compound. The



histamine

OPT

fluorophore

10 (3-formyl-phenyl)-1,2 dihydro-10H indolo [4,3,1 de] pyrazolo [4,2,1 ijm] 1,8 phthalodiazine

greater part of the reaction occurred in the alkaline solution (pH 12-13) the sequence of events suggested by Rönberg et al. (1977) (see also Shore et al. 1959) involving the condensation of one molecule of His with one molecule of OPT and proceeding through Schiff base formation and intramolecular cyclization to an imidazotetrahydropyridene derivative which condenses with a second molecule of OPT followed by further cyclization to form a labile compound. Acidification (to pH 2-4) induces a final dehydration to yield a very labile product highly fluorescent in the protonated form.

**specificity:** The OPT-condensate assay for His is commonly used with incubation at room temperature has a high degree of specificity. Substitution of the imidazo-ethylamine structure at the 1 (ring) or N (side chain) positions prevents fluorescence (the 2-side chain substitution as in  $\alpha$ -methylhistamine not having been checked) thus catabolites of His including 1-methylhistamine, 1,4-methylimidazoleacetamide, imidazoleacetic acid, N-methylhistamine and N-acetylhistamine do not interfere (Shore et al. 1959). The only compounds which may give considerable equimolar interference or other imidazoethylamine derivatives unsubstituted in these positions. Histidine, the precursor of His, is probably the most important of these giving ca. 15% interference; other examples are histidinol (the thiol precursor of His) (ca. 26% interference) and various histidyl peptides and esters of His (Shore et al. 1959; Graham Scarpelli & Hubka & Lowry 1968; Bolster et al. 1969; Gerber 1970). Some of these compounds less structurally related give small amounts of interference (see also Krenzner & Wilson 1961; Krenzner & Pfeiffer 1966; Ambrose, Crinn, Burton, Pullin & Rose 1969) but the majority generally occur in tissues in amounts not affecting the His determination and most are non-bases and thus easily separated from His. However, some of these compounds can be present in amounts greatly in excess of His such that their weak molar fluorescence can nevertheless cause significant interference in the His assay. Important examples being NHg (Shore et al. 1959) and spermidine. Thus interference by Spd is ca. 4% (Michaelson & Coffman 1967; Bolster et al. 1969) but for a number of years the large amounts of Spd present in brain up to 1000 times that of His have presented particular problems for the assay of His in this tissue (Krenzner & Pfeiffer 1966) (see also section C.3.7). Slight modifications of the assay have produced separate assays for His in this tissue (Krenzner & Pfeiffer 1966) (see also section C.3.7). Slight modifications of the assay have produced separate assays for His in this tissue (Krenzner & Pfeiffer 1966) (see also section C.3.7). Slight modifications of the assay have produced separate assays for His in this tissue (Krenzner & Pfeiffer 1966) (see also section C.3.7).

However, increased specificity as well as sensitivity is achieved when performing the assay under the more optimal conditions recently described. His fluorescence intensity was greatly increased with concomitant decrease in fluorescence from His (4%), Spd (0.03%) and histidyl derivatives (Håkanson & Rönberg 1974). The reasons for the increased specificity become more obvious when comparing the conditions used in the assay for His with those for His and Spd when separate optimized OPT-condensate assays for these compounds were established with consequent gains in specificity and sensitivity. Thus optimal conditions were for His condensation with OPT at pH 12.4-12.7 under  $N_2$  at 20°C for 10 h followed by acidification to

pH 2-3 with fluorescence maximal at 350/450 nm for H<sub>2</sub> condensation at pH 11-2-11.5 without N<sub>2</sub> at +40°C for 10 min and without final acidification fluorescence being maximal at 360/440 nm (the various optimal combinations of conditions were also established for histidinal and a number of histidyl dipeptides) (Håkanson, Rönnerberg & Sjölund 1974); for Spd, condensation at pH 11.0-11.6 without N<sub>2</sub> at 100°C for 2 min and with final acidification to pH 3.5 fluorescence being maximal at 350/400 nm (Håkanson & Rönnerberg 1973).

Assays for a number of other compounds of biological interest have been based on their reaction with OPT e.g. 5-HT and other 3-alkyl-5-OH indoles (in hot very strong ca. 6.5N HCl) (Mallick & Miller 1966; see also section B.4); melatonin and other primary *N*-hydroxy-phenyl ethylamines (at pH 9 followed by acidification) (Shor & Alpers 1964); also arginine (strong alkali without acidification) (Cohn & Shore 1961). Obviously a number of factors are important for obtaining maximal fluorescence from compounds in OPT condensate assays: these include the pH, presence or absence of O<sub>2</sub> and combination of temperature and time used in the incubation for condensation to occur and the alkaline or acid pH and wavelengths at which maximal fluorescence is exhibited. Thus although OPT reacts with a large number of compounds to produce fluorophores provided that reaction conditions are carefully optimized for each compound or group of compounds sensitive assays are obtained with a high degree of specificity.

The choice of purification procedure for Hm depends largely on which interfering compounds are likely to occur e.g. NH<sub>3</sub> in urine; Spd in brain and blood; H<sub>2</sub> in stomach or after administration or induction. The assay has been used for measuring Hm in various biological materials using for example Duolite ES 63 for brain (Michaelson et al. 1968); Decalco for blood (Graham et al. 1968); Dowex 50 for brain (Atack 1971) and combined with solvent partitioning for blood, liver and gut (Lorenz et al. 1970, 1972). The assay has been applied to eluates from most commonly used purification procedures although not all effectively separate the important interfering compounds from Hm (see section A).

- C.2.4 sensitivity: The Hm OPT condensation at 20°C under N<sub>2</sub> gave a sufficiently sensitive and specific assay for direct application to unpurified stomach extracts (Håkanson & Rönnerberg 1974); even though in the recommended procedure only small amounts of extract (relation to assay reagents (0.1-2.5 ml) were used. However for assaying tissues with relatively low Hm concentration e.g. brain continued use would be made of a purification procedure which concentrated the amine in a small volume and removed material which may give high blanks and quenching. Much higher ratios of eluate to assay reagents can then be used as in most other published assays to gain increased sensitivity. This would allow full advantage to be taken of the improvements in the assay to give a very sensitive and specific overall procedure for quantifying Hm. Sensitivity of the assay can be of the order of 10<sup>-9</sup> g Hm per cuvette ml with condensation at room temperature increasing to 10<sup>-10</sup> g Hm per cuvette ml with condensation at 20°C.

### C 3 PRESENT PROCEDURE for the FLUORIMETRIC ASSAY of HISTAMINE:

C 3.1 Introduction: The assay of Hm in a 2N-aqueous-HCl eluate after its purification on a Dowex 50 column the OPT-condensate procedure of Shore et al (1959) modified by Kremzner & Wilson (1961) was adopted by Green & Erickson (1964). The results they obtained for Hm in rat brain are in good agreement with presently accepted values (see C 3.7). Therefore, in our Dowex 50 procedure Hm is also purified in a 2N-aqueous-HCl eluate (see Paper I) we felt justified in using the assay without a detailed study. Practical detail and comments on the procedure which we have used for assaying Hm in the Dowex 50 eluate are given.

C 3.2 Hm assay: After extraction from tissue and purification on the Dowex 50 columns Hm was eluted with 4.5 ml of 2N-aqueous-HCl and ca. 0.07 ml 6.0 N distilled HCl was added to bring the eluate normality to 2.0 N in compensation for a dilution from residue of N-aqueous-HCl in the column procedure; the eluates then being stored at 20°C until required for assay (for full detail see Paper I).

Histamine Assay	St*	RB	RB -rev	S	IST*	TB -rev
	ml	ml	ml	ml	ml	ml
H <sub>2</sub> O	—	0.05	0.05	0.05	—	0.05
2N-aqueous-HCl	0.8	0.8	0.8	—	—	—
Eluate (2N-aqueous-HCl)	—	—	—	0.8	0.8	0.8
Hm (base) e.g. 1 µg/ml	0.05	—	—	—	0.05	—
4.6 N N OH <sup>†</sup>	0.4	0.4	0.4	0.4	0.4	0.4
4% EDTA	0.05	0.05	0.05	0.05	0.05	0.05
cool for 5 ml at 20–25°C in water bath						
0.3% OPT in methanol (99%) <sup>†</sup>	0.05	0.05	—	0.05	0.05	—
wait for 4 ml at 20–25°C						
2.0 M H <sub>3</sub> PO <sub>4</sub> <sup>†</sup>	0.1	0.1	0.1	0.1	0.1	0.1
0.3% OPT in methanol (99%) <sup>†</sup>	—	—	0.05	—	—	0.05

OPT-condensate fluorescence was read with 10–60 min at 350/450 nm.

Final pH of all solutions was then checked to be ca. 2.3 (range 2–3).

<sup>†</sup> Reagents are normally used for these deliveries.

Final volume = 1.45 ml (containing 0.8 ml portions of 4.56 ml eluate)

The eluates were brought to room temperature and thoroughly shaken before use. Up to 18 eluates could be conveniently assayed at one time. From each eluate three equal portions of up to 0.8 ml with smaller volumes being made up to 0.8 ml with pure



2N HCl were used for S-1St and reversed tissue blank (TB-rev) (although TB-rev was often not prepared - see below). The equivalent eluate from the blank column was used for PS-P1St and PB-rev. These were run 1 parallel with three St two RB and RB-rev. The complete assay procedure was performed in silica or pyrex glass tubes the contents of the tubes being thoroughly mixed on a vortex mixer after each step. Fluorescence was recorded using an Aminco-Bowman spectrophotofluorimeter fitted with an on-axis xenon lamp P21 photomultiplier tube and slit arrangement no. 4. The assay schedule is tabulated.

C 3 3 optimal: The alkaline pH was found to be optimal at 12.9. However NaOH was used to give a pH of 13.1 since despite 5% loss of intensity fluorescence was more reproducible because small errors in the volumes of the strong HCl and the somewhat viscous NaOH had less effect (as illustrated for the DA assay in Paper III fig. 1). The use of a rapid repetitive device (RePetite - see Paper III) for forcibly delivering the NaOH solution added accuracy. The mixture was cooled to 20-25°C before adding the OPT because of the temperature/time dependence of the reaction (the advantage of using lower temperatures and N<sub>2</sub> had not been published when this assay schedule was prepared).

OPT obtained from Fluka (see Paper II) and recrystallized resulted in similar fluorescence but lower blanks than with the products tested. OPT was recrystallized from anhydrous (using Na<sub>2</sub>SO<sub>4</sub>) petroleum ether (BP 60-71°C) dried with means of N<sub>2</sub> gas and stored for up to 1 year at 20°C under N<sub>2</sub> small amounts being placed in several snap-topped small dark glass bottles. A bottle was warmed to slightly above room temperature before opening. The OPT was dissolved in 99% methanol little variation in Hm fluorescence was found whether methanol or xylene was used but the latter was unpleasant to handle. The OPT solution was freshly prepared before each Hm assay since there was a tendency for blanks to become more variable. If older solutions were used (any unused solution could be stored in small dark-glass bottles at 4°C for up to 1 week for use in the 5-hydroxyindole assays - see Paper II since blanks were found to be less affected in these assays). To decrease non-specific fluorescence the initial OPT concentration was determined which gave maximal net fluorescence (\*St-RB) for a concentration of Hm (e.g. 250 ng) towards the upper limit normally measured within the range of linearity. To check that this amount of OPT reacts preferentially with Hm the assay was first applied to blank column eluates and then to tissue derived eluates: Hm recoveries (\*St-St) were reproducible and often close to 100%. Optimal results were obtained with 0.05 ml 0.2-0.4% OPT and a 0.3% solution (giving 0.12 mg/ml reactant solution) was used.

To obtain a final pH above 2 acids with some buffering capacity were tested: phosphoric, citric and acetic acids rather than sulphuric and hydrochloric acids. Phosphoric acid gave higher fluorescence than acetic acid and similar fluorescence but lower blanks than citric acid fluorescence being maximal and more reproducible.

from luates when adjusting to a final pH of 2-3. The final pH was measured using a combined microelectrode as a simple and rapid check for errors in the volumes of HCl and NaOH used.

#### C 3.4

blanks: In this assay procedure we used 5-PS rather than 5-TB-rev for routinely correcting sample readings. This was because the reverse blank was found to be too inaccurate; non-specific material derived from the purification procedure and tissue which reacts with OPT at an alkaline pH did not appear to do so at an acid pH. Thus the TB-rev and PB-rev did not differ significantly from the RB and the RB-rev\* was usually 1 or 2 units lower, whereas the PS\* was usually one to two times higher than the RB being equivalent to blank column error of ca. 3-9 ng Hm per column (see C 3.6). However, at least an indication of the amount of non-specific fluorescence contributed by reagents and purification procedure can be gained (\*PS) and used to correct the 5-. Furthermore the effect of tissue-derived material may well be small due to the external washes used after placing the extract on the column (especially since in the 5-HT assay with accurate blanks we obtain TB only slightly higher -ca 25%- than PBs; and Hm is eluted after 5-HT).

The perfect TB procedure would measure non-specific fluorescence resulting from condensation with OPT at the alkaline pH. Such a blank procedure could involve selective destruction of Hm as used in oxidized blanks for 5-HT (see B 3.2); selective blocking of the Hm-OPT condensation; or selective destruction of the Hm fluorophore. The formation of the Hm fluorophore (but not the Spd fluorophore) has been found to be prevented by the presence of formaldehyde (Håkanson et al 1972) but in very preliminary experiments we found it also prevented the formation of non-specific fluorescence from residual aldehyde. The PB was still lower than the \*PS.

Thus in the absence of a reasonably accurate TB procedure consideration may be given to choosing a purification procedure which removes as much tissue-derived material as possible even though it contributes some interfering material rather than a procedure which contributes no or little interference itself but allows much tissue-derived material to the luate because the contribution of non-specific fluorescence by the purification procedure is quantifiable (\*PS-RB). Analysis of brain tissue depleted of its Hm content would provide a valuable check on the amount of non-specific fluorescence contributed by the tissue but such depletion of Hm is more difficult to achieve than for the monoamines.

#### C 3.5

specificity: Compounds which have been reported to be able to interfere with the Hm-OPT-condensate assay were mentioned above (C 2.3). Some of these compounds we have shown to be separated from Hm including Hd and Spd and of the remainder most are non-bases and are very likely to be separated from Hm in the Dowex 50 procedure for purifying Hm (Paper I) prior to its assay.

C 3.6 sensitivity: The following readings for relative fluorescence intensity are typical of those obtained in an assay of Hm extracted from ca 2.5 g normal mouse brain

St*	RB	RB	PS	P*	PB	S*	ISi*	TB
50 ng		-rev		ISi	-rev			-rev
0.302	0.008	0.006	0.012	0.300	0.007	0.110	0.400	0.007

From these readings it may be calculated that one meter unit above the RB ( $\times 0.001$  scale) is equivalent to 0.17 ng Hm per tube and twice the RB is equivalent to 1.4 ng Hm; also the PS is for eluates from well washed resin columns generally one to two times the RB these data being similar to those obtained in the S-HT and DA assays (Papers I and III). However the TB procedure is very inaccurate and generally we correct the S by PS rather than by TB-rev the blank column error (here being 3.9 ng and generally 3.9 ng Hm per column) is then automatically accounted for. The ISi% here being 98.7% generally ranged from 89-101% (data taken over several weeks). In the example given S/PS\* is equivalent to 16.7 ng per tube i.e. the 0.8 ml portion of a 4.56 ml eluate which is equivalent to 95.0 ng Hm per column which is then derived from 2.00 g mouse brain placed on the column (calculated after allowing for losses when once extracting 2.44 g mouse brain see Papers I and III); thus the Hm concentration in this normal mouse brain is 47.5 ng per g.

The assay (OPT condensation at  $+20-25^{\circ}\text{C}$ ) is considered to be useful for measuring Hm amounts as low as 10 ng Hm per column (10 ng per column into a 4.56 ml eluate = ca. 2 ng per 0.8 ml portion taken for assay; and 1 g rat brain would provide ca 50 ng per column). Nevertheless the doubling of sensitivity reported to be gained in the assay by performing the condensation with OPT under  $\text{N}_2$  at  $20^{\circ}\text{C}$  will be appreciated. The values we have obtained for Hm in several different tissues are in good agreement with other published data and this is especially important with respect to values for Hm in brain.

Histamine concentrations of ca 48 ng per g of normal mouse brain which we obtain when using Dowex 50 purification together with fluorimetric assay (see e.g. Atack 1971) may be compared with values of 60 ng/g obtained using organic solvent partitioning and fluorimetric assay (Anton & Sayre 1969), 60 ng/g by bioassay (Adam H. personal communication 1967; Green 1970) and 49 ng/g by an enzymatic isotope derivative procedure (Taylor & Snyder 1972).

C 3.7 histamine in brain: In 1959 the OPT condensate assay for measuring Hm in several different tissues was introduced by Shore et al. for rat brain. Hm values of 200-400 ng per g were obtained in good agreement with bioassay. In 1963 this agreement was shown to be fortuitous since both assays suffered from interference (Carlini & Green J. 1963). In 1964 Green H. & Erickson used a Dowex 50 purification procedure to separate Hm from materials in brain which interfered

In the OPT assay but the procedure was unfavourably considered (see Green & J. 1964) this being somewhat unfortunate since this Dowex 50 procedure was the first to adequately purify rat brain Hm for the OPT-condensate assay giving a value of 52 ng per g which is within the presently accepted range.

In 1966 Krenzner & Pfeiffer identified Spd as the major contaminant in the fluorimetric assay of brain Hm and used a phosphorylated cellulose column for its separation. Only with the development of improved forms of this type of purification procedure which are rarely used for the monoamines (see section A) did the fluorimetric assay of Hm begin to become widely used for the analysis of Hm in brain.

However by this time fluorimetric assays for the monoamines had been in routine use for more than 8 years the DHF assay for DA being introduced by Carlsson & Waldeck in 1958. Their relative simplicity had led to a vast expansion in research into the role of monoamines in the CNS which unfortunately largely by-passed Hm although the enzymatic isotope-derivative technique (Snyder et al 1966) provided much useful information (see Snyder & Taylor 1972).

The facility which we have introduced of eluting Hm from the same Dowex 50 column but separated from the monoamines and Hd and Spd (Paper I) coupled with the fluorimetric assay will hopefully encourage the more frequent determination of Hm in some of the many experiments which are primarily designed for studying the role of the monoamines. We have already made some interesting findings by taking advantage of this facility.

Thus while using reserpine to deplete existing DA stores and Ro 4-4602 to prevent new DA formation as established techniques in studies of DA turnover and receptor activity we took the opportunity to determine the effect of these drugs on the Hm in mouse brain (Atack 1971). The Hm concentration in mouse brain of 48 ng per g was found to be decreased both after reserpine administration (by 11%) and after Ro 4-4602 (by 34%) and in combination their effects were additive (44%). These results may be an indication that some Hm may be stored in granules in form which is released by reserpine. The quantitative effect of reserpine on brain Hm shows considerable species variation (Green & Eriksson 1964; Adams & Hys 1966) but for mouse brain our findings of decrease were substantiated by Taylor & Snyder (1972). Ro 4-4602 induced decrease of Hm in experiments where its intended use was to block the synthesis of monoamines by inhibiting the aromatic amino acid decarboxylase. Hd can be decarboxylated to Hm by both this enzyme and by specific histidine decarboxylase but which enzyme predominates may vary for different brain areas and for different species. It may be that Ro 4-4602 also blocks the specific decarboxylase (see Snyder & Taylor 1972). Thus when using drugs to manipulate the putative transmitter monoamines it may be remembered that some of them will also be affecting Hm.

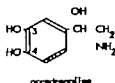
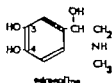
In another investigation we obtained results which provided further evidence of Hm being a putative transmitter. Hm has

satisfied fewer criteria which characterise a neurotransmitter than do the monoamines NA, DA and 5-HT. A neurotransmitter should be released upon depolarization of nervous tissue. The release of the monoamines from depolarized nerve tissue is well established and we have used this fact in an experimental model with slices of mouse brain hypothalamus (1) (2) in which depolarization was induced by increasing the  $K^+$  ion concentration to determine how the release of the monoamines was modified by various drugs. Since the release of Hm from depolarized nerve tissue had not previously been demonstrated we took the opportunity of measuring Hm in some of the experiments and determined a release (Atack & Carlsson 1972). In an independent study using a different assay technique for measuring Hm, Snyder & Taylor (1972) also showed that Hm is released by increased  $K^+$  ion concentration and furthermore this release resembled that of NA, not 5-HT (1) requiring the presence of  $Ca^{++}$  ions.

C 3.8 conclusions. Our interest in Hm is mainly concerned with its behaviour in comparison with the monoamines. The Dowex 50 procedure (1) which Hm and the monoamines (are single tissue extract are purified (1) to separate eluates coupled with the OPT condensate assay for Hm gives an overall procedure with a high degree of sensitivity and specificity especially with respect to the removal of Hd and Spd. For measuring only Hm (1) buffered acetic acid (phosphonic) cation exchange resin used prior to the assay also provide similar sensitivity and specificity. However for our convenience the same Dowex 50 columns which are used for successively eluting several biogenic amines can also be used for eluting only Hm (1) simple rapid purification procedure in which the high sensitivity and specificity are retained (see Paper 1).

## Section D FLUORIMETRIC ASSAY of ADRENALINE and NORADRENALINE

- D 1 Introduction: For reviews of fluorimetric assays used for A and NA see e.g. von Euler (1961); Udenfjord (1962, 1969); Haggendal (1966); Weil-Malherbe (1968, 1971) and Sharman (1971). The structure of adrenaline (A) (epinephrine) i.e. 1 (3,4-dihydroxyphenyl)-2



(methylamino)ethanol; and of noradrenaline (NA) (norepinephrine) i.e. 1 (3,4-dihydroxyphenyl)-2-aminoethanol; and their chemical properties have been reviewed by von Euler (1956, 1961).

- D 1.1 catecholamines general. The catecholamines (CA) A, NA and DA can all be measured using fluorimetric assays based on the same three principles: native fluorescence; condensation with thienediamine (EDA) and formation of a hydroxyindol (HI). The native assay has only a very limited use. The EDA and HI assays both had considerable usage in the 1950s but in subsequent years the latter gained ascendancy.

Although assay conditions may sometimes be adjusted to favour maximal fluorescence from any one of the CAs, the others usually to a greater or lesser extent give interference. This problem is compounded by the fact that many routine purification procedures for the three CAs are not separated. A large number of modifications, particularly of the HI assays, have been made in an effort to 1) increase the accuracy of quantification of the individual CAs; 2) produce even small increases in sensitivity; and 3) overcome some of the functions of these CAs have tended to require that measurement amounts very close to the limits of sensitivity of the fluorimetric assays; and 3) to overcome local environmental problems which may result from small unrecognised differences in procedure. In different laboratories affecting the somewhat complex chemistry of the reactions, these probably accounting for a high percentage of the numerous modifications of these assays (see also Weil-Malherbe 1968).

The separation of DA from A plus NA is achieved by only one of the routine types of purification procedure and in addition the most specific of the fluorimetric assays tend to be for DA. Therefore the assays for DA are considered separately (see section E).

A and NA: In contrast A and NA are extremely difficult to separate from each other in most routine purification procedures and it is also proving difficult to develop reproducible assays for each of these amines with negligible interference by the other. In consequence assays for A and NA are generally considered together. However assay conditions can be modified to favour maximal fluorescence from either A or NA so that when both amines are present in the same eluate they can be quantitatively differentiated by recording fluorescence under two different sets of conditions.

The simplest approach is to use a single assay and discriminate on the basis of small differences in wavelength characteristics at which maximal fluorescence is obtained (wavelength maxima). This approach has the advantage that no dilution of the eluate for two assays is required but maximum differentiation is generally achieved at non-optimal wavelengths with consequent loss of sensitivity and greater variability and in general this approach is only suitable where the amounts of A and NA do not differ by more than a factor of 10.

Another approach is to use a two-component assay procedure and in at least one and preferably both of the assays the conditions are adjusted to obtain maximum fluorescence from one amine with minimal fluorescence by the other. This has the advantage of being able to measure each amine using near optimal conditions to achieve maximal sensitivity with high reproducibility and gives the highest discrimination between A and NA. Thus it is much more suitable when the two amines are present in greatly disproportionate amounts. However the disadvantages are the need to subdivide the eluate, the time needed to do two assays and the summation of their variabilities.

## NATIVE FLUORESCENCE of A and NA in ACID



This simple assay for A and NA is based on the native fluorescence of CAs at 285/325 nm which is optimal at pH 1 (Duggan, Bowman, Brod' & Udenfriend 1957). It has been used for measuring total CAs in tissues rich in CAs e.g. the adrenal gland (Berthier et al 1958). However for most applications this assay is far too insensitive and lacking in specificity compared with the TH1 and EDA assays. Moreover these latter types of assay were already well established when in the mid-1950s the introduction of the spectrophotofluorimeter made possible the use of wavelengths in the ultra-violet range such that the native fluorescence of CAs could be recognised (Bowman et al 1955). The native fluorescence of CAs is weak; also blanks tend to be high because of the close proximity of activation and fluorescence wavelengths.

Apart from the CAs, a large number of other compounds exhibit native fluorescence at the same or similar wavelengths not

only most catechol compounds and 3-O-methylated derivatiles thereby including at least the majority of CA metabolites and also many of their pharmacological analogues but also many compounds incorporating a phenol structure (Duggan et al 1957



Udenfriend 1959 1962; Aminco reprint 1960)



Furthermore the weak CA fluorescence can be interfered with by the overlapping much more intense fluorescence of some other groups of compounds e.g. 5-HT and their indoles; this point should be borne in mind when using the natl fluorescent as

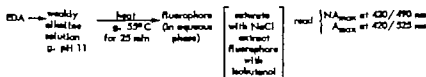
R: alkyl alkyl-alkyl

simple and rapid means of quantification. Fractionation studies to establish the distribution of catechols and their separation from indoles e.g. CAs from 5-HT. In purification procedures (see Paper I)

### D.3 ETHYLENEDIAMINE CONDENSATE ASSAY for A and NA:

D.3.1 Introduction: For reviews of these assays see e.g. Weil-Malherbe (1959 1971) Manger, Wakim & Ballman (1959) von Euler (1961) and Udenfriend (1962). The assay is based on the autooxidation of CA to its quinone derivative and subsequent condensation with EDA to form fluorophore, the complete reaction occurring in the same weakly alkaline solution. The assay was first described for A in pure solutions by Nakelson, Lugovoy & Pincus (1949) and was subsequently developed by Weil-Malherbe & Bone (1952) for measurement of A in substances in blood plasma; the A and NA components can be differentiated by taking readings at two sets of wavelengths (Weil-Malherbe & Bone 1953; Persky & Raston 1953).

NA or A  
in eluate



D.3.2 optimum in this simple procedure the autooxidation and subsequent condensation take place in the same solution. The ratio of EDA:CA is important for optimal fluorophore formation (e.g. Burn & Field 1956; see Weil-Malherbe 1959). However the free EDA base has the additional function of producing the pH for the reaction; values of e.g. pH 10.4, 11 and 12 having been given as optimal (Weil-Malherbe & Bone 1952; Burn & Field 1956; Erne & Carabick 1955). Thus to achieve both the optimal amount of EDA and the appropriate pH a mixture of EDA base and EDA-HCl may be used the proportions depending on the nature of the eluate (e.g. Bone 1953; Erne & Carabick 1955). Normal mixing of the incubation mixture may provide sufficient aeration for autooxidation (see Weil-Malherbe 1959) although the addition of an oxidising agent e.g.  $O_2$  may be found necessary.



(e.g. Burn & Field 1956; Nadeau & Sobolewski 1959). Other modifications and comments relating to the assay (see also discussion by Well-Malherbe 1959) include the use of different temperatures and periods of incubation (e.g. Bone 1953; Erne & Cambäck 1955; Burn & Field 1956; Kügi-Burger & Giger 1957) and molybdate as a catalyst in the NA assay (Erne & Cambäck 1955). The formation of CA-molybdate complexes as a preliminary step in the assay may have advantages (Nadeau & Sobolewski 1959): they were reliably oxidised by dissolved  $I_2$  in contrast to the free CAs; amine fluorescence was increased and blank fluorescence decreased; and there was decreased interference by metal ions e.g.  $Al^{+++}$  ions particularly when assaying A (Valk & Price 1956; Mangan & Mason 1957; Nadeau, Joly & Sobolewski 1958). The possibility of interference by  $g-Al$  ions in EDA assays may be checked when first using lumina for purification by comparing PS and TS for a blank purification eluate with external  $St^+$ .

The fluorophores formed from A and NA in aqueous solution are generally extracted into isobutanol. This results in a considerable increase in fluorescence intensity. In addition to concentrating the fluorophore into a smaller volume, two small wavelength shifts occur to 420/490 nm for NA-max and 420/525 nm for A-max (see Lavery & Shorman 1965).

If the CAs are acetylated prior to the condensation with EDA, fluorescence may be further increased by ca. two-fold for the NA product and six-fold for the A product but a disadvantage is that wavelength maxima of A and NA become identical (420/490 nm) (Lavery & Shorman 1965; see also Crawford & Yates 1970). Assay of the acetylated derivatives has been more widely used for DA (see section E.3) than for A and NA.

The NA fluorophore is considerably less stable than that of A in the presence of light (Aronow & Howard 1955; Valk & Price 1956; Goldfien & Korler 1958; Harley-Mason & Laird 1959) and to increase its stability darkened (low-actinic) glassware has been used throughout the assay (Well-Malherbe 1961, 1971).

An automated version of the EDA condensate assay for A and NA has been described by Vitoria, Boukol & Wolff (1968).

### D.3.3

**differential assays:** The wavelength maxima for NA and A fluorophores are sufficiently apart to permit differential assay by optical means provided no other fluorophores of catechol are present (Well-Malherbe & Bone 1953; Persky & Roston 1953). If off-peak wavelengths are used e.g. 420/510 nm (compared with NA-max of 420/485 nm) to give a NA:A fluorescence ratio of 2:1, and then e.g. 420/580 nm (A-max at 420/530 nm) when the ratio is reversed in favour of A (Well-Malherbe 1961). Unfortunately loss of accuracy and sensitivity with the fluorescence of A being decreased to ca. 10% of that achieved at optimal wavelengths (Udenfriend 1962) makes the assay less suitable where amounts of the CAs are widely discrepant. Other types of single assay procedures utilizing additional differences have been used. One method is based on the photosensitivity of the NA fluorophore: readings being taken before and 30 min after exposure of the fluorophores to

light (Keenan Klitsch & Humoller 1959). A second method is based on the slower development of the NA fluorophore at room temperature when using CA molybdate complexes readings being taken 30 ml after condensation at room temperature and again 30 ml later after heating at 50°C (Nadeau & Sobolewski 1959).

In two-component assay procedure one portion of the eluate was used for assaying total A plus NA and to another portion was added thioisulphate to greatly inhibit (by ca. 80%) the formation of the NA fluorophore (see Manger et al. 1959). Although division of the eluate immediately halves sensitivity, at least wavelength combinations can be used at which near maximal fluorescence is obtained.

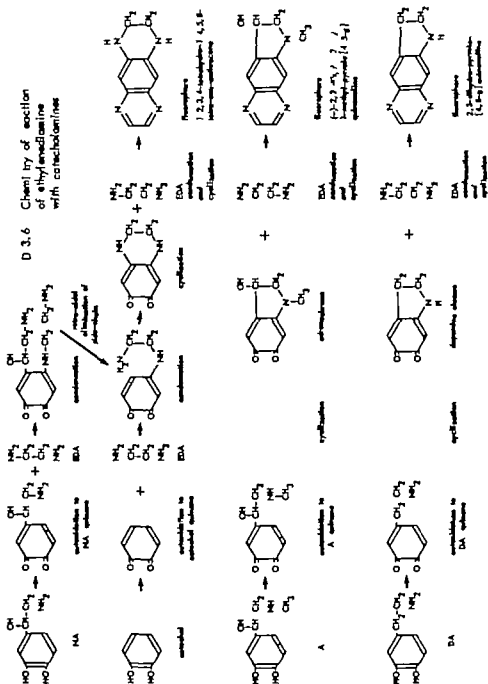
- D 3.4 blanks: ISt and TB are not routinely used in these assays. A "PS" is generally used instead of a TB to correct the S reading. The final solvent extraction of the CA fluorophore diminishes quenching or potentiation of specific fluorescence (see Weil Malherbe 1971) and has also led to an almost total absence of non-specific fluorescence from material derived from purification procedures ("PS" = RB) (see Weil Malherbe 1961) and tissues: this is further shown by complexing the CA with borate before processing the tissue (Kagi et al. 1957).

- D 3.5 sensitivity: Fluorophores formed from CAs in EDA-condensate assays are strongly fluorescent. Furthermore the total eluate which contains most of the CA originally present in the biological material may be used in the sample tube for conversion to the fluorophore: no division of the eluate generally being used for ISt or TB. The fluorophore is then concentrated in to small volumes of organic solvent. Thus the overall assay can be very sensitive although the lack of accurate blanks may have disadvantages.

In the 1950s the sensitivity of the EDA-condensate assays was greater than the existing HI assays and was consequently often preferred for measuring small amounts of A and NA such as was in blood plasma. However when the assay has to be applied differentially for A and NA considerable loss of sensitivity may be incurred (see below). Amounts of A and NA of the order of  $10^{-9}$  g per cuvette ml (e.g. 1.8 ml) (Viloria et al. 1968; Weil Malherbe 1971) may be determined with similar order of sensitivity for amines in biological material.

- D 3.6 chemistry: The chemical basis of the EDA-condensate assay for catechol compounds is the oxidation of the catechol (often by dissolved oxygen) to a quinone derivative which in alkaline solution readily condenses with EDA to form a stable polycyclic fluorophore. The mechanism of condensation varies for different catechols and one molecule of the quinone derivative may condense with either one or two molecules of EDA depending on the nature of any side-chain: these differences are shown in the formulated sequence of reactions which have been established for the formation of the fluorophores of NA (and catechol itself) and of As; the probable reaction for DA is also given (see Hartley-Mason & Laird





Provided assay conditions are carefully controlled especially the CA:EDA: to one A product and two NA products may be formed (Burn & Flid 1956; Harley-Mason & Laird 1959; Weil Malherbe 1960); although a large number of compounds can undesirably result from condensation with EDA using different conditions (see Weil Malherbe 1959).

For NA one molecule of EDA condenses with NA quinone in the 1ng-6 position. Cyclization then proceeds using the EDA side-chain after elimination of the NA side-chain by a retro-aldol reaction to form the same derivative as from catechol and condensation with a second molecule of EDA which occurs using the quinoid groups therefore forms identical fluorophores from NA and catechol (Harley-Mason & Laird 1959; Nagatsu & Yagi 1962). During the condensation reaction of catechol derivatives with EDA elimination of the alkyl side-chain is facilitated by the presence of a hydroxy group on the carbon atom adjacent to the benzene ring (but elimination does not always then occur e.g. for A see below) (Harley-Mason & Laird 1959). Thus a number of catechol derivatives may lose their alkyl side-chain during the EDA-condensate assay to form the fluorophore derived from catechol and are thus indistinguishable from NA in the assay including e.g.  $\alpha$ -methyl NA (Carbasil) and dihydroxymandelic acid (DOMA) (Harley-Mason & Laird 1959).

For A the side-chain of A quinone cyclizes very rapidly to form adrenochrome and thus it is not cast off in spite of having a hydroxy group on the appropriate carbon atom. This leaves only the quinoid oxygen groups free for condensation and only one molecule of EDA is therefore used to form the fluorophore. Other N-alkylated aminomethanol derivatives also behave like A in the assay e.g. isopropyl NA (Harley-Mason & Laird 1959).

DA and other catechol derivatives with an alkyl side-chain lacking a hydroxy group on the appropriate carbon atom generally retain their side-chain during the condensation reaction (see Harley-Mason & Laird 1959). At least the thylansine derivatives may undergo reaction similar to that of A including DA, DOPA and DOPAC and differences in retained side-chains may sometimes be reflected in different wavelength maxima for their fluorophores. The fluorophores of A and DA have similar wavelength maxima which differ from those of NA (equivalent to the catechol fluorophore) (Lavery & Shannon 1965).

A point of interest is that when the CAs were acetylated to their triacetyl derivatives prior to the EDA-condensate assay the wavelength maxima for the A product became the same as for the NA product being different from that of DA (Lavery & Shannon 1965). During the incubation hydrolysis occurs to form the N-acetyl derivatives and it is possible that N-acetyl A-quinone may cyclize more slowly than the corresponding A-quinone and thus allow condensation with EDA to occur at the 1ng-6 position followed by elimination of the side-chain to form the fluorophore of catechol. N-acetyl-DA-quinone lacks

the hydroxyl group on the appropriate carbon atom and thus presumably acts as its side-chain.

D 3.7

specificity The EDA-condensate assay is broadly specific for catechol compounds. When using the assay procedure for A and NA, greater specificity is obtained by firstly extracting their fluorophores into methanol. If both A and NA are present, the assay elicits these differences. Their behaviour in the assay may be sufficient for their differential, but not separate, assay (e.g. see section D 3.3). The fluorophores of other CAs will also be extracted, the most important interference generally being that from DA; others include isopropyl NA (isoprenaline), N-methyl-DA (epinephrine) and o-methyl-DA (karboil). (Kagi et al. 1957; Weil-Malherbe 1959; Laverly & Shonnes 1965). These are all CAs in which the side-chain is retained but with structural differences which in most cases are insufficient to alter the wave-length maxima of their fluorophores usefully from A (Laverly & Shonnes 1955). Other interfering catechol compounds are those which lose their side-chain to form the fluorophores of catechol and are per se indistinguishable from NA; these include not only olines e.g. o-methyl-NA but also non-bases e.g. DOPAC and catechol itself (Hartley-Mason & Laird 1959; Weil-Malherbe 1959). The isobutanol extraction largely excludes, however, the fluorophores of these non-basic catechols in which the alkyl side-chain is retained e.g. DOPA and DOPAC (although interference by DOPAC has been reported e.g. Volk & Price 1956; see also Euler 1961). The EDA-condensate assay has been used for these catechol compounds e.g. the catechol acids DOPA and DOPAC may be differentially assayed by recording their fluorescence in both the aqueous and organic phases (Weil-Malherbe 1959).

Suitable purification of A and NA (and DA) is most important for increasing the overall specificity. In the 1950s the EDA-condensate assay was most widely used following alumina purification. In some ways an unfortunate combination since both purification and assay procedures are largely dependent on the catechol nucleus for specificity, although later a weakly acidic cation exchange procedure was incorporated for removing non-bases (see Weil-Malherbe 1961). The application of the assay to A and NA is suggested as recently as 1971 (Weil-Malherbe 1971). It is satisfactory and where interference is not a problem, but even here its specificity may not be as high as DA is rarely separated apart from NA and when all three CAs are present, it is for measuring A and NA has generally been applied to A and NA in or (Weil-Malherbe & Bone 1957) and even (see 1956) in the presence of DA unless a procedure is used which is specific for A and NA. However, later CAs have been

plasma has been  
(1) where its sensitivity is normally a problem  
section D 3.7-  
procedures  
e. THF assay  
Weil

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the NA and A fluorophores which in this assay have the same wavelength maxima this providing a highly sensitive and specific method for measuring NA in the CNS (Laverly & Shorman 1965)

D 18

Comparison of EDA and THI assays for A and NA: In the early 1950's both EDA and THI assays were available. However the THI assays were considerably more complex and with additional problems of stability for both SIs and TBs. In contrast the EDA assay was simple and with no blanks and therefore no dilution of the eluate was required. Fluorescence was more stable and the assay was considerably more sensitive. Its major recognized disadvantage was the large interference by DA. At the time interest was focussed on the low levels of A and NA present in blood plasma, with small blood samples and no measurable DA present. Thus sensitivity was the important consideration and the EDA assay was consequently often preferred.

Published values obtained for CAs in plasma using both types of assay were rather scattered but as the THI assays were improved values obtained by THI and bioassay tended to be in better agreement whereas those obtained with the EDA assays were often higher. Thus the specificity of the EDA assay was questioned and especially as it was usually applied to eluates from alumina purification which was less largely specific for catechol the presence of other interfering catechol was suspected (e.g. Holbauer & Vagt 1954; Euler 1961). The THI assays were much more specific and their proponents suggested that the lower values obtained were correct (e.g. Valk & P. I. 1956). However although checks on the specificity of analyses using the EDA assays were made interference by other catechol compounds from blood plasma was rarely elicited (see e.g. Well-Malherbe 1959; Manger et al. 1959) and when comparisons with the THI assays were made discrepancies were often not great (e.g. Well-Malherbe & Bone 1957b). Nevertheless although the EDA assays remained essentially unchanged improvements were later made in the purification procedures used e.g. alumina purification routinely being followed by cotton-exchange procedure and greater attention was paid to purity of reagents. This resulted in the values obtained with the EDA assay becoming lower and lower (see Well-Malherbe 1961). Even so the values cited by Udenfriend (1962) were still higher than those obtained with THI assays.

Thus doubts concerning the specificity of the EDA assay were never dispelled and meanwhile the problems associated with the THI assays became less and sensitivity was increasing. With the advent in 1955 of the spectrophotofluorometer interest focussed more on NA and 5-HT in the CNS. With the realization of the importance of DA present in the mammalian brain (see Carlsson 1959a) the value of the superior specificity of the THI assay for NA was then unquestioned. Thereafter THI assays for CAs became the methods of choice for the vast majority of occasions (see e.g. Well-Malherbe 1971) and THI assays have been developed with sensitivity exceeding that required for measuring the very low level of A as well as NA in normal blood plasma (e.g. Compuzano, Wilkinson & Horvath 1975).





Instantaneous tautomerization to adrenolutine. Incorporation of a suitable reducing and stabilizing agent prevents further oxidation by excess oxidant and by dissolved oxygen and so stabilizes the THI fluorophore obtained; an equivalent reaction is undergone by NA (Ehrén 1948; Lund 1949-1950).

The main difference between the methods of Ehrén and Lund was their choice of oxidising agent: they used ferricyanide and manganese dioxide respectively. In both assays ascorbic acid was used as reducing and stabilizing agent. The scheme given below represents a typical basis for THI assays for A and NA. In the assays both A and NA can form fluorophores with similar characteristics and since with most procedures they are purified to the same extent differential assays are often required for discriminating between them. High discrimination can be achieved by using a 2 component assay procedure with oxidation at two different pHs. This is based on the fact that both A and NA can be oxidised over a fairly wide pH range but the rate and extent of oxidation of each amine differs with the pH used. Both A and NA can be fully and rapidly oxidised to their chromed derivatives at pHs of the order of 5-7 whereas at pHs below 5 the rate of NA oxidation may become markedly slower than for A. Thus near-maximal A fluorescence may be obtained with a low amount of NA fluorescence by oxidising at fixed pH 1 the region of 2-4 for fixed time.

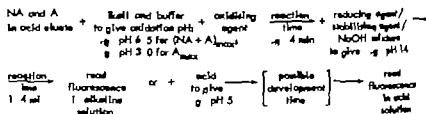
A and NA were differentially assayed colourimetrically by Euler & Hansberg (1949) using iodine oxidation at pH 6 for formation of both A- and NA-chromes and at pH 4 for complete formation of A-chrome with only little NA-chrome formation. Lund (1950) adapted this principle when describing the first fluorimetric differential assay for A and NA which used manganese dioxide at two pHs. Ferricyanide as oxidant was preferred by Euler & Flodin (1955) and iodine as oxidant in a fluorimetric assay was used by Udenfriend & Wyngaarden (1956) where ascorbic acid 1-alkali was again used for converting the chromes to stable ones.

A simpler differential assay procedure but often with lower powers of discrimination was based on differences in the wavelength maxima of each amine. Such single assay procedures were introduced by Pri & Pri (1957); see also Carlsson, Rosengren, Bertler & Nilsson (1957) using ferricyanide as oxidant and by Cohen & Goldenburg (1957) using manganese dioxide as oxidant. Subsequently ferricyanide and iodine have become the most widely used oxidants in THI assays for A and NA.

#### D 4.2

Optimal general. There are a very large number of modified versions of THI assays which have been developed in efforts to increase sensitivity, to increase the accuracy of differential assays with the ultimate aim of producing separate assays for A and NA and to overcome the many local variations affecting the complex chemistry of the reaction including the adaptation of an assay to different purification procedures (see also Wall-Møller 1968). Before discussing specific detail of some of these variations some general features of THI assays

will be mentioned; some of the optimal conditions for A and NA are different.



CAs are usually purified 1 to acid eluates for increased stability. A portion of the eluate is adjusted to a fixed pH below neutral for oxidation. This provides more stable conditions both for the CAs before oxidation and for their chrome derivatives. A fixed pH in the range 5-7 ("high pH") is used to obtain near-maximal fluorescence from NA and often also from A; and a fixed pH in the range 2-4 ("low pH") may also be used to obtain equally strong A fluorescence but with considerably weaker NA fluorescence. For the pH adjustment of the eluate, the alkali often required should be added carefully to decrease the risks of spontaneous oxidation due to the creation of local areas of high pH in the solution;  $K_2CO_3$ ,  $NaHCO_3$ ,  $Na_2B_4O_7$  or  $NH_4OH$  usually being preferred to  $NaOH$  or  $KOH$  (e.g. Berthier et al 1956; Euler & Lishajko 1959). Preferably the CAs are not kept at this pH for longer than about 10 minutes, and this tends to limit the number of eluates which can be assayed in parallel (Venkatesu 1960). Throughout the purification and assay procedures the risks of spontaneous oxidation of the CAs are decreased by their minimal exposure to near neutral to alkaline pHs and by avoiding high temperatures and sunlight. Portions of the pH-adjusted eluate are taken for 5 and 15 (and sometimes for blanks - see below) and a suitable buffer is usually added to reinforce the regulated pH. The optimal concentration of oxidizing agent is then added. The time allowed for oxidation, fixed between 1 and 5 minutes, depends on the pH and which oxidizing agent is used and for which CA. The relative rates of A and NA oxidation may be modified intentionally by the use of metal ions as a catalysts, but also sometimes undesirably by agents derived from tissues and purification procedures.

The choice of reducing and stabilizing agent for which one or two compounds may be used depends upon the oxidant, the final pH for fluorescence and the CA. Sometimes an agent is used which stabilizes the fluorophore of NA more effectively than that of A for differential assay purposes.  $NaOH$  is usually used to give the optimal pH of greater than 11; the amount required depending on the buffering capacity of the pH-adjusted eluate. Optimal amounts of reducing and stabilizing agents and  $NaOH$  are usually fully effective if added as a mixture, although sometimes the reducing agent is added first. The reaction is then allowed to proceed for a fixed time, usually between 1 and 5 minutes.

Fluorescence is then recorded: either in the alkaline solution or in a solution acidified usually with citric acid to an

optimal fixed pH in the range 4-5 in which case there is a shift to shorter wavelengths. This wavelength shift has important implications for specificity (see section D 4 5). Depending on the oxidant used and the CA maximum fluorescence is immediately available for measurement or may require development time. This time may be shortened by introducing energy such as heat or light, once fluorescence has fully developed. It is usually read with a fixed time interval depending on the stability achieved.

For early TH1 procedures great dilution of the eluate was required to decrease the effect of quenching by material from purification procedures especially alumina also available filter-fluorimeters used large cuvette volumes. Thus the proportion of eluate to assay reagents was often small (e.g. 0.5 ml portions of eluate in final cuvette volumes of 10 ml. Euler & Flodring 1955b). However material used in purification procedures are now generally of a higher state of purity. Including alumina which in addition is more frequently followed by a secondary purification procedure for the CAs. Also improvements in instrumentation have enabled precise wavelengths and smaller cuvette volumes to be used. Thus in a recently modified form of the above assay 0.85 ml portions of eluate were used in final cuvette volumes of 1.55 ml (Keh, Carlsson & Lindqvist 1976).

To simplify consideration of some of the numerous versions of the TH1 assays available for A and NA they will be divided into four groups according to the types of oxidant and reducing/stabilizing agents used.

#### D 4 2 IODINE as oxidant plus THIOSULPHATE / ASCORBIC ACID as reducing/stabilizing agents

This type of assay first used by Udenfriend & Wyngaarden (1956) (also by Sourkes & Drujan 1957; and Shore & Oll 1958) was presented in detail by Crout (1961). In this group of assays oxidation may be performed with iodine at fixed pH in the region of 6 for A and NA; also at fixed low pH of about 3 particularly for A. Sodium thiosulphate was used to reduce excess iodine and ascorbic acid to stabilize the fluorophores which it does not efficiently in alkaline solution. Fluorescence which develops slowly was therefore generally recorded in alkaline solution. If iodine is preferred as oxidant then this group of assays generally lacks the advantages of the following group of assays developed later (section D 4 2b) which are simpler to use and do not have the problems associated with the use of ascorbic acid (section D 4 2) (see e.g. Lavery & Taylor 1968; also section D 4 2b).

NA and A eluates pH adjusted and buffered	Iodine oxidant	red. a.s.	$\text{Na}_2\text{S}_2\text{O}_3$ reducing agent	red. b.	ascorbic acid stabilizing agent mixture	energy a.s. UV light for -H	read
e.g. pH 6	5 min		5 min			10 min	NA <sub>max</sub> 393/303 nm
a.s. pH 3.5	5 min		5 min			10 min	A <sub>max</sub> 410/

**Oxidation at High pH for NA and A:** In assays using oxidation at pHs of this order, high fluorescence intensities from both A and NA be obtained (between 0.5:1 and 1:1). The eluate was usually adjusted to a fixed pH buffered with acetate buffer (e.g. Welch & Welch 1969) in the range  $\sim 7$  for oxidation. EDTA has been added to urine-alumina eluates to prevent a precipitate from causing severe quenching in the assay (Crout 1961); although the presence of EDTA during the oxidation has been reported to decrease fluorescence and induce higher blanks (Welch & Welch 1969). Iodine was then added and oxidation occurred rapidly but a fixed time of 5 minutes was generally allowed before adding the thiosulphate reducing agent. Then the ascorbic acid and NaOH were added as a freshly-prepared mixture. To decrease non-specific fluorescence contributed by ascorbic acid, the use of 10 N NaOH (instead of 5 N NaOH) and of thylene diamine (see section D 4.2) have been adopted (Welch & Welch 1969). Fluorescence developed very slowly for both A and NA products, reaching a maximum in about 45 minutes in daylight. The quality of the daylight could effect this development (Crout 1961; Chl. Picchioni & Childs 1963) and irradiation using standardized light conditions gave more intense and reproducible fluorescence (Sloan, Brooks, Eisenman & Martin 1962). e.g. after 5 minutes irradiation with UV light fluorescence was increased by ca. 25% for NA and ca. 8% for A (Kahane & Vestergaard 1965). However, fluorescence was then only stable for less than 10 minutes as compared with more than 45 minutes using weaker light sources (Crout 1961; Welch & Welch 1969). Possibly a slightly weaker irradiation may provide a rapid increase in fluorescence together with greater stability; also the A fluorophore may require less irradiation than the NA fluorophore (see section D 4.2b).

**Oxidation at Low pH for A (plus NA)** In assays using oxidation at a fixed pH of this order, high fluorescence intensity from A was maintained but with a low NA interference. This was often of the order of 7% after oxidation in sodium acetate buffer at pH 3.5, but if a sodium phosphate/metaphosphate buffer at pH 2.85 was used, interference may be decreased to ca. 0.7%, possibly due to the presence of metaphosphoric acid or an impurity in the buffer which may selectively suppress the formation of the NA line (Kahane & Vestergaard 1965). The other features of these assays were essentially as described for the high pH oxidation (e.g. Crout 1961).

**Differential Assay for A and NA** Discrimination between A and NA has generally been made using oxidation at two pHs in a 2-component assay coupled with differences in wave length maxima. The index of discrimination for A/NA obtained by Kahane & Vestergaard (1965) was as high as 300 (A-max/NA-max = 150/0.5).

An automated version of the low pH assay for A based on the pH 2.85 metaphosphate buffer has been described (Harris, Morrison & Krop 1972).

IODINE as oxidant plus SULPHITE/EDTA as reducing/ stabilising agents

This type of assay was introduced by Chang (1964) for A and NA as well as DA following the earlier development of a similar assay by Carlsson & Waldeck (1958) for DA alone (see section E 4). The various steps in the assay for these three amines and also several related compounds were studied in detail by Lavery & Taylor (1968) who showed how the optimal conditions varied for each compound. These differences were further studied and utilised in sensitive assays for A and NA in blood plasma by O'Hanlon, Campuzano & Horvath (1970), Griffiths, Leung & McDonald (1970) and Campuzano, Wilkerson & Horvath (1975).

In this type of assay oxidation with iodine may be performed at a fixed pH close to 6.5 for A and NA; also sometimes at a lower fixed pH around 4 particularly for A. Sodium sulphite and EDTA are used as reducing and stabilising agents; and final acidification to ca. pH 5.1 always made for increased intensity and stability of fluorescence; this combination of factors also results in much lower and more stable blank fluorescence as compared with that generally obtained when using ascorbic acid after iodine oxidation (see D 4.2 above). Fluorescence of A is maximal almost immediately whereas development time is required for maximal fluorescence from NA (and also from DA and most other related compounds). These assays are simple, straightforward and generally reliable and some of the most sensitive versions of the TH1 assays for A and NA are to be found in this group.

NA and A buffers pH adjusted and buffered	Iodine oxidant -10	$\text{Na}_2\text{SO}_3$ / EDTA / NaOH reducing / stabilising / alkali agent / agent / solution	essence acid -4 to	develop- ment time	read
				20°C for	
pH 6.75	3 min		5 min	pH 4.8	25 min
pH 3.8	3 min		1 min	pH 5.0	none
					NA max 380/480 nm A max 410/500 nm

**Oxidation at High pH for NA (plus A):** In assays of this type fluorescence tends to be higher from NA than from A and they can be optimised for high NA fluorescence with moderately low fluorescence from A (e.g. 18% A interference).

The eluate was adjusted to a fixed pH (e.g. 6.75 (O'Hanlon et al. 1970) phosphate buffer seeming to give the best results (Lavery & Taylor 1968). The optimal amount of iodine was then added and allowed to act for an optimal time (e.g. 3 minutes (Lavery & Taylor 1968) before adding as in detail the optimal amounts of  $\text{Na}_2\text{SO}_3$ , EDTA and NaOH (Campuzano et al. 1975). The presence of EDTA seemed to be essential possibly for stabilisation of the I<sup>-</sup> (Welch & Welch 1969). The EDTA was often incorporated as

the assay procedure usually in the buffer especially when using alcoholic iodine solutions for oxidation (Chang 1964; Ansell & Beeson 1968); in this case it appeared to serve the additional function of stabilizing the intermediate products of oxidation (Karasawa Furukashi Furukawa & Yoshida 1973). After allowing an optimal time (e.g. 5 minutes for tautomerization to occur) the solution was acidified usually with acetic acid to the optimal pH (e.g. 4.8 since the lutine was better stabilized in such conditions (Lavery & Taylor 1968). Acidification resulted in a wavelength shift for NA from 390/503 nm in alkali to 380/480 nm in acid with a concomitant increase in sensitivity and specificity (Lavery & Taylor 1968; see also section D 4.2). The development time required for maximal NA fluorescence was about 25 minutes at room temperature (Lavery & Taylor 1968) and fluorescence was stable for another 30 minutes (e.g. O'Hanlon et al 1970). It may be an advantage to use standardized conditions of temperature and lighting during this development time.

**Oxidation at Low pH for A (plus NA)** In assays using oxidation at a low pH a high fluorescence intensity may be obtained from A with very little interference from NA (e.g. 8% Lavery & Taylor 1968 to 0.4% Campuzano et al 1975). The assay is outlined as described above for NA. However citrate or citrate/phosphate buffer has been found to give better results (Lavery & Taylor 1968; O'Hanlon et al 1970) and the optimal amounts of  $\text{Na}_2\text{SO}_3$ , EDTA and NaOH may differ (e.g. Campuzano et al 1975). Also a very much shorter time for tautomerization was required generally 1 minute before final acidification to slightly higher pH of 5.0 (Lavery & Taylor 1968). Fluorescence developed quickly and was read almost immediately. Although the fluorophore was found to be stable for more than 30 minutes provided optimal conditions for the A assay were carefully adhered to (O'Hanlon et al 1970; Campuzano et al 1975).

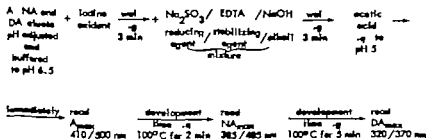
In their very sensitive assays for A and NA Campuzano and co-workers (1975) presented considerable detail for establishing their assays and for preparation of many of their solutions in bulk for long-term freeze-storage.

**Differential Assays for A and NA:** Very high discrimination between A and NA with high sensitivity may be obtained by using a 2-component assay based on oxidation at two different pHs. Each assay can be used optimally for maximum fluorescence keeping mutual interference to a minimum. Thus not only is NA interference low in the Low pH<sup>+</sup> assay for A but A interference is greatly decreased in the High pH assay for NA giving an index of discrimination for A/NA of 1400 ( $A_{\text{max}}/NA_{\text{min}} = 250/0.18$ ) (Campuzano et al 1975). The sensitivity of these assays is generally of the order of  $10^{-9}$  g aniline per cuvette ml. However when assay conditions are fully optimized very sensitive assays may be evolved. Thus for A sensitivity of the order of  $10^{-13}$  g per cuvette ml (0.5 ml eluate portion in 2.0 ml total volume) was reported. With 1.5 ml eluate  $10^{-12}$  g A in tissue may be measured. For NA equivalent conditions may give sensitivity of the order of  $10^{-12}$  g per cuvette ml and  $10^{-11}$  g in tissue. These are higher orders

of sensitivity than are required to measure A and NA in blood plasma (see Compuzano et al 1975)

### Differential Assay for (A) + NA + DA

Differences in development and fading time in addition to the use of wavelength maxima for each amine provide an interesting approach for discrimination between A, NA and also DA. The fact that these CAs are often purified into the same eluate is thus used to advantage since a single assay procedure (Chang 1964). However the procedure has not been widely used for measuring A.



The fairly long development time for NA and even longer time for DA are often shortened by using a more intense source of energy. Thus A fluorescence may be read immediately at its wavelength maxima the assay solution may then be heated in a water bath at 100°C for 2 minutes before recording NA fluorescence and finally the assay solution may be heated for a further 3 minutes before reading DA fluorescence at its wavelength maxima (Chang 1964). However discrimination between A and NA is not so good because NA fluorescence will be present and increasing whilst reading at the A wavelength-max. (410/500 nm) and A fluorescence will still be present whilst reading at NA wavelength-max (385/485 nm) (see Chang 1964). This same effect mainly between NA and DA is of less consequence because DA wavelength-max. (320/370 nm) is considerably shorter than the NA wavelength-max. at the acid pH. The specific energy requirements may vary between laboratories and should preferably be checked to ensure maximal fluorescence of each amine with minimal interference from the other two amines. A small gain in sensitivity may possibly be obtained relatively easily by adjusting the final pH to a pH 4.8 before developing and reading NA fluorescence and then further adjusting to a pH 4.4 before reading the DA fluorescence (these being the optimal pHs determined by Lavery & Taylor 1968). Nevertheless loss of sensitivity is incurred because of the compromise in assay conditions prior to the final acidification; in particular the time allowed for tautomerization is 2 minutes instead of 1 minute for A or 5 minutes for NA and DA. So the amounts of Na<sub>2</sub>SO<sub>3</sub>, EDTA and NaOH which optimally differ for each amine (Lavery & Taylor 1968; Compuzano et al 1975). Poor stabilization of A fluorescence has been reported (Welch & Welch 1969); optimal conditions were used (Compuzano et al 1975). Thus this



approach for differentially assaying the three amines. Introduced by Chang (1964) has been most commonly incorporated in procedures for analyzing NA and DA (e.g. Ansell & Beeson 1968; Stallenburger & Gordon 1971).

#### D 4.2c FERRICYANIDE as oxidant plus ASCORBIC ACID as reducing/ stabilizing agent

This type of assay was introduced by Ehrlén (1948) and was modified and applied to tissues by Euler & Floding (1955). For detailed descriptions of assays see in addition e.g. Pri & Pri 1957; Bertier *et al.* 1958; Schoepdryver 1958; Euler & Lishjako 1961; Anton & Sayre 1962; Peyrin & Cathet-Énard 1973).

In this group of assays oxidation may be performed with ferricyanide at a fixed pH in the region of 6 for A and NA; also sometimes at a low fixed pH of about 3 particularly for A. Ascorbic acid is used as reducing agent and stabilizes the fluorophores more efficiently in alkaline solution. Fluorescence which develops rapidly is therefore generally recorded in the alkaline solution. The assay tends to be simple, straightforward and fairly reliable except when measuring fluorescence at levels approaching blank values when the non-specific fluorescence contributed by ascorbic acid becomes of greater consequence.

NA and A eluate pH adjusted and buffered	[zinc-sulphate] + ferricyanide oxidant	wait -g	+ ascorbic acid / NaOH reducing-stabilizing/alkali agent mixture	read
-g pH 6.5		3 min		NA <sub>max</sub> 410/533 nm
-g pH 3.0		3 min		A <sub>max</sub> 425/543 nm

**Oxidation at High pH for NA and A:** In assays using oxidation at pHs of this order, high fluorescence intensities from both A and NA can be obtained usually of the order of 1.7 to 1.1 times fluorescence tends to be slightly greater for A than NA (although Anton & Sayre (1962) reported a ratio of 0.6:1).

The eluate is usually adjusted to fixed pH phosphate buffer seeming to give the best results (Anton & Sayre 1962) in the range 5.5 — 7.0 for oxidation. The optimal amount of ferricyanide is then added (Euler & Floding 1955). The presence of zinc sulphate has been reported to give more reproducible results (Bertier *et al.* 1958). Oxidation has been shown to occur rapidly e.g. in less than 2 minutes at pH 6; but fixed time usually between 2 and 5 minutes is generally allowed before adding the alkali (Ehrlén 1948; Euler & Floding 1955a) although a time interval as short as 1 minute has been preferred and only one eluate at a time was assayed (Anton &

Soyre 1962) The optimal amounts of ascorbic acid and  $\text{N OH}$  are added most commonly as freshly-prepared mixtur (e.g. Ehlén 1948; Euler & Flodin 1955a) this may give increased fluorescence intensity (see Well Malherbe 1968) as compared with adding them consecutively (e.g. Price & Price 1957) The time required for maximal fluorescence to develop (1 - 10 minutes) and the most suitable time for recording fluorescence (1 - 15 minutes) in alkaline solution have varied (see e.g. Ehlén 1948; Euler & Flodin 1955a; Vondral 1960; Anton & Soyre 1962) here the changing intensity of the blank fluorescence should also be considered (e.g. Vondral 1960) The addition of acetic acid to give pH 5 has occasionally been used to increase fluorescence intensity of the A and NA fluorophores (and also to decrease the interference of some other related compounds) but at the expense of less total fluorescence which requires more care in timing of readings (Price & Price 1957)

Automated versions of the high pH assay for A and NA have been described (Merrill 1963; Robinson & Watts 1965; Marti & Harrison 1968)

Oxidation at Low pH for A (plus NA): In assays with oxidation at the lower pHs of the order of 3 high fluorescence is obtained from A but with low fluorescence from NA (generally 3 - 10%)

Oxidation by ferril yanide at lower pHs (e.g. in the range 3 - 4) is much lower for NA than A and has proved useful when wishing to minimize interfering fluorescence from NA (Euler & Flodin 1955a) Acetic acid has been preferred to the commonly used acetate buffer to give the low pH (Anton & Soyre 1962); also the metaphosphate buffer (see section D 4.2) has been adopted (Peyri & Cottet-Enard 1973) Zinc sulphate has sometimes proved useful to catalyze the reaction (e.g. for oxidation at pH 3.5 addition of optimal amounts of ferril yanide and zinc sulphate with oxidation for 3 minutes resulted in the same amount of A fluorescence as at pH 6 but less than 5% NA fluorescence (Euler & Flodin 1955)) However catalysts have not always been found necessary even when using oxidation at pHs as low as 2.0 - 2.5 (e.g. Anton & Soyre 1962; Peyri & Cottet-Enard 1973) There seems to be considerable variation between laboratories as to the need for catalyst and the most suitable conditions of pH and buffer required to achieve high fluorescence from A with little NA interference Moreover whatever fixed low pH is used with or without catalyst other agents derived from tissue and purification procedures may also modify the relative rates of A and NA oxidation such that although the ratio of NA:A fluorescence for the  $\text{S}^{2+}$  is very low for the  $\text{S}^{2+}$  it may be unacceptably higher (e.g. Wright 1958) To check whether this problem exists on  $\text{IS}^{2+}$  not only of A but also of NA can be compared with appropriate external  $\text{S}^{2+}$  in least in early experiments The other features of the assay are essentially as described for the High pH assay (e.g. see Euler & Flodin 1955a; Peyri & Cottet-Enard 1973)

An automated version of the Low pH assay for A utilizing the pH 2.6 metaphosphate buffer of Kahane & Vestergaard

approach for differentially assaying the three amines. I introduced by Chang (1964) has 1 practice been most commonly incorporated into procedures for analyzing NA and DA (e.g. Ansell & Beeson 1968; Shellenburger & Gordon 1971)

D 4 2c

FERRICYANIDE as oxidant plus ASCORBIC ACID as reducing/  
/stabilizing agent

This type of assay was introduced by Ehrén (1948) and was modified and applied to tissues by Euler & Flodring (1955a) (for detailed descriptions of assays see in addition e.g. Price & Price 1957; Bertler et al 1958; Schoepdryver 1958; Euler & Lishjako 1961; Anton & Sayre 1962; Peyrin & Cottet-Émard 1973)

In this group of assays oxidation may be performed with ferricyanide at fixed pH in the region of 6 for NA and NA also sometimes at a low fixed pH of about 3 particularly for A. Ascorbic acid is used as reducing agent and stabilizes the fluorophores more efficiently in alkaline solution. Fluorescence which develops rapidly is therefore generally recorded in the alkaline solution. The assay tends to be simple straightforward and fairly reliable except when measuring fluorescence at levels approaching blank values when the non-specific fluorescence contributed by ascorbic acid becomes of greater consequence.

NA and A tissue pH adjusted and buffered	+ [sulfate]	ferricyanide oxidant	wait -g	+ ascorbic acid / NaOH reducing- stabilizing/alkali agent mixture	read
-g pH 6.5			3 ml		NA <sub>max</sub> 410/535 nm
-g pH 3.0			3 ml		A <sub>max</sub> 425/545 nm

Oxidation at High pH for NA and A: In assays using oxidation at pHs of this order high fluorescence intensities from both A and NA can be obtained usually of the order of 1.7 to 1.1 i.e. fluorescence tends to be slightly greater for A than NA (although Anton & Sayre (1962) reported a ratio of 0.6:1)

The eluate is usually adjusted to a fixed pH phosphate buffer seeming to give the best results (Anton & Sayre 1962). In the range 5.5 — 7.0 for oxidation. The optimal amount of ferricyanide is then added (Euler & Flodring 1955a). The presence of incubation has been reported to give more reproducible results (Bertler et al 1958). Oxidation has been shown to occur rapidly in less than 2 minutes at pH 6, but fixed time usually between 2 and 5 minutes is generally allowed before adding the alkali (Ehrén 1948; Euler & Flodring 1955) although time interval as short as 1 minute has been preferred and only one eluate at a time was assayed (Anton &

As  $S$  approaches  $TB$  calculations of net fluorescence ( $S - TB$ ) therefore can become increasingly inaccurate. To minimise these problems various steps have been taken:

- 1) The ascorbic acid is freshly prepared (e.g. Anton & Sayre 1962); and the ascorbic acid/NaOH mixture prepared immediately before use i.e. after adding the oxidising agent during the assay procedure (Euler & Floding 1955a).
- 2) Ascorbic acid is dissolved in 10 N NaOH (e.g. 0.2 parts of 10% ascorbic acid mixed with 10 parts 10 N NaOH (Anton & Sayre 1962) instead of the more usual 5 N NaOH (e.g. 1 part 2% ascorbic acid mixed with 9 parts 5 N NaOH (e.g. Euler & Floding 1955); the improvement may be related to an increased rate of ionization of 10 N NaOH of the two hydroxy groups of the enediol form of ascorbic acid which may give greater reducing capacity at the instant at which lipoxy formation occurs (Weil-Malherbe 1968).
- 3) Various agents have been used to stabilise ascorbic acid in alkaline solution e.g. thylene diamine (Euler & Lishaiko 1961; Weil-Malherbe & Bigelow 1968);  $\beta$ -thiopropionic acid (Pinner 1963); sodium borohydride (Gerst, Steinland & Walcott 1966); and 3-mercapto-propionic acid plus  $Na_2SO_3$  (Marti & Harrison 1968).
- 4) After adding the ascorbic acid/NaOH mixture the assay solution should be mixed immediately and thoroughly (Anton & Sayre 1962) but not too vigorously e.g. by tapping the tube gently (Vandsalu 1960) rather than using vortex mixer. This may help to prevent  $S$  being dissolved which accelerates the breakdown of ascorbic acid.

However when equating to measure very low concentrations of CAs assay procedures avoiding the use of ascorbic acid may be preferred (see below D 4.2d).

#### D 4.2d

FERRICYANIDE as oxidant plus SULPHYDRYL compound as stabilising agent:

In this type of assay ferricyanide is again used as oxidant. However sulphur-containing compounds have been chosen to replace ascorbic acid as the stabilizing agent but with two different objectives in mind. Hoggendall (1963) sought to increase sensitivity by obtaining low and stable blank fluorescence (which was high and variable in ferricyanide/ascorbic acid assays (see section D 4.2b)) and found mercapto-alcohol to be particularly suitable; cysteine has also been used (Klench 1966). Merrill (1962) sought an agent which would preferentially stabilise the NA fluorophore (in contrast to ascorbic acid which equally stabilized both the A and NA fluorophores (see section D 4.2)) and found thiolglycolic acid to be effective. Both these types of assay have been developed and have proved valuable although care is generally required to prevent contamination by the sulphur-containing compound from inhibiting amine fluorescence.

## Ferricyanide as oxidant and mercapto-alcohol as stabilizing agent

Using a mercapto-alcohol in place of ascorbic acid increased overall sensitivity resulted from low and stable blanks even though when reading in alkaline solution THI fluorescence was not increased. Also a second activation peak for both A and NA fluorophores was obtained these having been obscured (by UV-absorption) when using ascorbic acid. The presence of two activation peaks for each fluorophore is very useful for confirmation of identity when measuring small amounts of these amines (Haggendal 1963a).

Using a final acidification fluorescence was considerably intensified and made more stable (Well Malherbe & Bigelow 1968; see also Valori, Brunori, Renzini & Corea 1970) (In contrast to ferricyanide/ascorbic acid assays where acidification gave increased but less stable fluorescence, Price & Price 1957). The advantages of low and stable blank and of two activation wavelength peaks for each line were retained. These mercapto-alcohol may not stabilize the A fluorophore so effectively in alkaline solution this few being supported by the use of other sulphhydryl compounds to stabilize only the NA fluorophore in alkaline solution (see below). This may explain why Haggendal (1963) could not detect A in normal blood plasma with an assay which is widely regarded as one of the most sensitive THI assays for NA. Thus in acid solution THI fluorescence is increased and blanks are low and more stable giving a considerable overall increase in sensitivity although the THI fluorescence has a tendency to slowly decline (compared with ferricyanide/ascorbic acid assays).

NA and A eluate pH adjusted and buffered	+ $\text{Cu}^{++}$	Ferricyanide solution	wait -g	+ $\text{Na}_2\text{SO}_3$ / mercapto- alcohol / NaOH or formaldehyde / mercapto- alcohol / NaOH mixture	wait -g	acetic acid -g	read
g pH 6.5			3 min		4 ml	pH 5.0	NA <sub>max</sub> 395/475 m
-g pH 2.8			5 min		4 ml	pH 5.0	A <sub>max</sub> 415/300 m

**Oxidation at High pH for NA and A:** In assays using oxidation at pHs of the order of 6-7 high fluorescence intensity from NA may be obtained with lower fluorescence e.g. 30% from A (Well Malherbe & Bigelow 1968). After adjusting the eluate to a fixed pH the optimal amount of ferricyanide is then added and oxidation occurs rapidly but fixed time between 3 and 5 minutes is usually allowed. The presence of  $\text{Cu}^{++}$  ions during oxidation seemed to increase reproducibility when using alkaline sulphite as reducing agent and mercapto-alcohol as stabilizing agent (Haggendal 1963a; Well Malherbe & Bigelow 1968). However the presence of  $\text{Cu}^{++}$  ions during oxidation gave four fold increase in A fluorescence when using a stronger solution of mercapto-alcohol in formaldehyde (the sulphite being omitted).

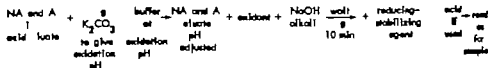
(Valori et al 1970) Dimercapto-propanol (BAL) (used by Häggendal 1963a; and Valori et al 1970) has a low water solubility and great care is needed to ensure its complete removal from glassware. Mercapto-ethanol may be easier to obtain in more consistently pure state than BAL (Weil-Malherbe & Bigelow 1968) and although it is water soluble it is also more odorous and thus requires great care to avoid contamination during an assay. The mercapto-alcohol is dissolved in either the sulphite or formaldehyde solution. This is then added either immediately before (Häggendal 1963a; Valori et al 1970) or more conveniently mixed with the NaOH (see Weil-Malherbe & Bigelow 1968; Häggendal personal communication). The stabilised fluorophores each showed two different activation wavelengths in alkaline solution these were for NA-max 395/515 nm and 330/515 nm and for A-max 420/525 nm and 330/525 nm (Häggendal 1963).

A final acidification to pH 5.0 after allowing autooxidation to proceed for fixed time gave 4 minutes resulted in a 50% increase in fluorescence and helped to stabilise the NA lutine (Weil-Malherbe & Bigelow 1968; Valori et al 1970). The pH adjustment also resulted in a shift of fluorescence wavelength maxima from 515 to 475 nm for NA and from 525 to 500 nm for A fluorophores; the activation wavelengths remaining essentially unchanged (Weil-Malherbe & Bigelow 1968). However the fluorophores were still not well stabilised fluorescence tending to decline very slowly by 5% after 30 minutes (Weil-Malherbe & Bigelow 1968); although using stronger concentrations of BAL or formaldehyde (omitting the sulphite) fluorescence was reported to be stable for two hours (Renzini et al 1970).

**Oxidation at Low pH for A (plus NA)** In this assay using oxidation at pH 2.8 as described by Weil-Malherbe & Bigelow (1968) high fluorescence intensity was obtained from A with only 7% interference from NA.

Formic acid was used to achieve the low pH for oxidation with ferricyanide although other acids e.g. citric and phosphoric acids gave similar results. However the use of metaphosphate buffer to inhibit NA oxidation (as reported by Kahane & Vestergaard 1965) also inhibited oxidation of A in this assay; probably by chelating the  $\text{Cu}^{++}$  ions. The pH of 2.8 (well below the optimal pH of 3 for A oxidation) was chosen to minimise interference from NA since the use of  $\text{Cu}^{++}$  ions to obtain ten-fold increase in A fluorescence also catalyzed NA fluorescence in the region of pH 3. However other material probably derived from purification procedures and tissues also influenced the relative rates of oxidation of A and NA at pHs near 3 and produced anomalous results (see Weil-Malherbe & Bigelow 1968). After autooxidation final acidification to pH 5 resulted in 50% increase in fluorescence after a white copper precipitate was removed by brief centrifugation. The TH fluorescence from A declined slowly (12% loss occurring in 30 minutes) readings were made within 20 minutes of acidification and this may be used to correct the S. However using this low pH<sup>28</sup> assay for A

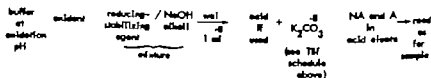
# TbU procedures



endogenous reducing agents passing I to the CA eluate and so preventing compl to fading of the CA-derived fluorescence: this may be erified by spectral recordings

TbU procedures I which oxidation of the CA should be compl tely prevented I ter became more commonly used than the TBf proced res. However part I f Ilur frequently occurs resulting I high blanks due to erifiable specific oxime-derived fluorescence. Several different schedules for TbU have been used. Frequently to the pH adjusted eluate I added; first the reducing/stabilizing agent followed by the oxidising agent (I some assays the oxidant I entirely omitted c.f Price & Price 1957) and finally the NaOH lone (e.g. Lavery & Taylor 1968; Shellenberger & Gordon 1971). The reducing/stabilizing agent is added first I an attempt to prevent oxidation of the CAs both by dissolved oxygen I the NaOH and by the oxidant itself (Pri & P I 1957). However spontaneous oxidation of the CAs by dissolved oxygen I local reas f high pH may often occur during pH adjustment of the luete (e.g. P I & Price 1957; Vendeal 1960; Lavery & Taylor 1968) (the risk bel g exacerbated I conditions of high ambient temperatures and strong sunlight). The problem may be decreased by using the acid eluate I partly reversed schedule (e.g. Welch & Welch 1969) the amount of alkali e.g.  $\text{K}_2\text{CO}_3$ , used I the S for adjustment to the oxidation pH being added as the last tep (usually Indi lual portions of a sufficiently large volume of pH adjusted eluate are taken for S Ist and TBf If used but the proportions of acid eluate and  $\text{K}_2\text{CO}_3$  can be calculated and used separately i the TbU procedure)

## TbU procedures

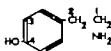


Perhaps the best TbU procedure scheduled above I which the risks of spontaneous oxidation ar decreased is to mix all the assay reagents together I the normal order. Including the volume of g- $\text{K}_2\text{CO}_3$  which was equied for adjustment of pH I the S before finally adding the acid eluat containing the CAs (e.g. Chang 1964,

O'Hanlon et al. 1970). This type of blank is very independent of the CA content of the eluate. It also has an added advantage of convenience in most HI assays as compared with the TBf and most other TBu procedures: the same mixture of reducing/blanking agent (NaOH) as is used for St and S can also be used for the TBu.

**choice of blanks** Some material which is non-fluorescent may be oxidized in the HI assay procedure to give interfering fluorescence while other material which gives no interfering fluorescence in the assay may be destroyed by excess oxidation in the TBu S and TBf procedures in the HI assay the oxidation times may be e.g. 0.5 and 10 minutes respectively; if the above types of material are present in the eluate then either too much or too little interfering fluorescence may be present in the TBu or TBf as compared with the S (e.g. see discussion by Häggendal 1963; also section E.4.3). The best TB procedure is that in which the TB has a value nearest the S\* when using different amounts of a tissue which has been deprived of only its CA content (e.g. Chang 1964) and may vary depending on the type of tissue, purification and assay procedure used. However the TBu procedure in which the acid eluate is added after pre-mixing the assay reagents does appear to be generally one of the best TB procedures as well as the most convenient.

**chemicals:** The chemical basis of hydroxyindol assays appears to be that compounds having a 2-(4-hydroxyphenyl)-ethylamine nucleus with



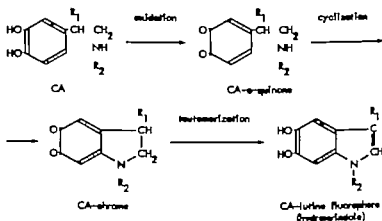
2-(4-hydroxyphenyl)-ethylamine

certain substituents can be converted by oxidation, cyclization and autoreduction to fluorescent hydroxyindol (HI) derivatives. For fluorophore formation the 4-hydroxy group appears to be essential as is the amino group which may be primary or secondary. However substitution in the 3-position by a hydroxy group results in a considerable increase in fluorescence intensity, somewhat smaller increase resulting from 3-methoxy group substitution; thus fluorophores may be

formed from catechol (ethyl) amines and derivatives including 3-O-methylated derivatives. Examples of suitable substitutions in the 1-position include: hydroxy group in the 2-position (i.e. the  $\beta$ -position) e.g. as in NA and NMA; methoxy or carboxy group or both in the 1-position (i.e. the  $\alpha$ -position) e.g. as in  $\alpha$ -methyl-DA, DOPA and  $\alpha$ -methyl-DOPA; and an  $\alpha$ -methyl group in the N-position e.g. as in N-methyl-DA (apline) and A (see Laverie & Taylor 1968; also Anton & Sayre 1964).



The formal sequence of reactions shows the conversion of the CAs to the typical HI fluorophores. This is a very simplified representation of the chemistry of the reaction which has been the focus of considerable investigation (see e.g. Ehrén 1948; Lund 1949; Fischer 1949; Harley-Mason 1950; Bu Lock & Harley-Mason 1951; Harrison 1963; Harrison et al. 1968; see also Euler 1959).



for A	$R_1$	OH	$R_2$	CH <sub>3</sub>	fluorophore	1-methyl 2,3,6-trihydroxyindole
for NA	$R_1$	OH	$R_2$	H	fluorophore	2,3,6-trihydroxyindole
for DA	$R_1$	H	$R_2$	H	fluorophore	5,6-dihydroxyindole

This type of reaction occurs when ferricyanide is used as oxidant. When using iodine (or periodate) however, the iodine itself may be partially incorporated into the reaction so that 2-iodo-quinones, chromes and indoles are also formed (Ehrén 1948; Bu Lock & Harley-Mason 1951).

Adrenochrome is formed from A as an intermediate to produce both the THI reaction and the EDA reaction (see D 3.6). However, the manipulation steps in the assay procedure must be different bearing in mind the instability of adrenochrome in alkaline solution. In the EDA assay, the oxidation of A in alkaline solution by dissolved oxygen is controlled because as each molecule of chrome is formed it is trapped by the nascent state by EDA to form a stable fluorescent condensate. In the THI reaction, such an oxidation would be uncontrolled. Instead A is oxidized by an added agent in mildly acidic solution to form adrenochrome which can then be stabilized in alkaline solution by a stabilizing agent which allows tautomerization of the chrome to the fluorescent THI.

D 4.5 specificity: Hydroxyindol assays are group or broadly specific for compounds having 2-(4-hydroxyphenyl)ethylamine nucleus and thus a large number of compounds with certain structural similarities can be converted to fluorescent HTs. However, there are a number of parameters

1. the HI assay schedule (see section D 4 2) e.g. oxidation pH, use of a catalyst, type of oxidant, time allowed for oxidation, types of reducing/stabilizing agents mixed with NaOH and their concentrations, time allowed for tautomerization, the pH at which fluorescence is recorded, the time required for maximal development of fluorescence and the optimal wave lengths (see e.g. Lavery & Taylor 1968). The number of possible combinations of these variables is extremely large. For any compound which can form fluorescent HI, the optimal conditions are defined by its specific substitutions on the 2-(4-hydroxy-phenyl)ethylamine nucleus. The result is in most cases, HI assay with high degree of sensitivity and specificity for each compound.

Using the assay for A and NA, the hydroxy groups on the ring (3- and 4-positions) and on the side-chain (i.e. the 2-position) of these amines characterize the fluorophore as TH. The structural similarities of these two amines are such that when present in biological material, they are generally purified to the same extent. The N-methyl group which distinguishes A from NA influences certain parameters sufficiently to permit their differential, but not separate assay. e.g. the rate of oxidation at different pHs, sometimes the degree of stabilization achieved by different agents, the time required for fluorophore development and the small differences in wavelength maxima (see section D 4 2).

In THI assays for A and NA, compounds giving high interference are other 1-(3,4-dihydroxyphenyl)-2-amino-ethanol (i.e. other  $\beta$ -hydroxyethyl CA) derivatives e.g. Isopropyl NA (isoprenaline) (40-100%) and N-ethyl NA (66%). Other compounds giving moderate interference include the  $\alpha$ -substituted derivatives e.g.  $\alpha$ -methyl NA (6-9.5%) and  $\alpha$ -ethyl NA (5.9%) (Crout 1961; Anton & Sayre 1962; Waldeck 1968; Griffiths et al. 1970). A sensitive ferricyanide / ascorbic acid type of THI assay has been developed for  $\alpha$ -methyl NA (Waldeck 1968).

Other compounds which may give moderate but important interference are DOPA (6-12%) (probably dihydroxyphenylserine; i.e. DOPS),  $\alpha$ -methyl-DOPA (17%) and  $\alpha$ -methyl-DA (38%) especially in ferricyanide / ascorbic acid assays when reading in alkaline solution (e.g. Price & Price 1957; Anton & Sayre 1962; Carlsson & Lindqvist 1962; Valeri et al. 1970; also Paper 1). Maximal fluorescence is at least for DOPA, being at lower wavelengths. However, interference by DOPA in this type of assay is considerably decreased when recording fluorescence in acid solution (<1%) (Price & Price 1957) and in assays using iodine as oxidant (2.2%) (Crout 1961). DOPA appears to be a special case; the two structurally different fluorophores may be obtained in HI assays and this may be related to the retention or elimination of the carboxy group. An assay optimized for DOPA of the ferricyanide / ascorbic acid type with readings in alkaline solution has been described (Kettner et al. 1972; see also Valeri et al. 1970) and the carboxy group may be retained in the fluorophore.

Derivatives lacking the hydroxy group in the ring 3-position e.g. M and NM give fluorophores with similar wavelength maxima to A and NA but with very little (<1%) interference.

tranger oxidizing conditions individual assays for these compounds have been described (e.g. Bertler, Carlsson & Rosengren 1959; Carlsson & Lindqvist 1962a; Häggendal 1962a; Anton & Soyne 1966; Lavery & Taylor 1968; and Bigelow & Will Malherbe 1968).

The lines of derivatives lacking the side-chain hydroxy group generally give weak fluorescence in alkaline solution and with similar wavelength maxima thus DA gives 1-4% interference (e.g. Bertler et al 1958; Vendsalu 1960); this interference tending to be slightly higher when using iodine as oxidant (3-9%) (Shore & Olin 1958; Crout 1961). However, in assays using a final acidification interference in the A and NA assays by DA tends to be much lower (<1%) (Price & Price 1957; Griffiths et al 1970; Valori et al 1970) because even although their fluorescence intensity may be generally increased, longer development time is required and fluorescence is limited to much shorter way lengths than for the A and NA lines. Optimized assays for DA and related compounds have been developed (see section E.4).

The choice of purification procedure depends on which interfering compounds are likely to occur. Alumina may be useful for separating 3-O-methyl compounds. Cation exchange columns are valuable for removing non-bases especially DOPA. To separate DA strongly acidic cation exchange columns are generally required.

The different types of THl assays have been used for measuring A and NA in various biological materials using most common types of purification procedure. Applications include alumina purification for amines from brain (e.g. Chang 1964; Shellenberger & Gordon 1971) plasma (Price & Price 1957; Merrill 1963; Compuzono et al 1975) and urine (e.g. Crout 1961; Euler & Ushiojko 1961; Kahane & Vestergaard 1965) and for detailed application see Anton & Soyne (1962); solvent partitioning for brain (e.g. Shore & Olin 1958; Welch & Welch 1969; Miller et al 1970); CG 50 type columns for brain (e.g. Fleming et al 1965; Barchas et al 1972) and for blood (Renzl et al 1970); and Dowex 50 type columns for brain (Bertler et al 1958) and blood plasma (Vendsalu 1960; Häggendal 1963a).

**D.4.6 choice of assays.** There are considerable difficulties in choosing which type and which of the many variants of the THl assays to use for A and NA; the results of comparative tests may differ considerably between laboratories. The following are a few points for consideration.

The ferricyanide / ascorbic acid assays (section D.4.2c) are probably the most commonly used being very simple to perform and operating reliably in most laboratories. Sensitivity is satisfactory for many purposes, and may be extended by using a variety of approaches to assist stabilizing the rather high blank fluorescence associated with the use of ascorbic acid which is an effective stabilizing agent in alkaline solution.

For differentiating between similar amounts of A and NA, a single assay using reading at off-peak wavelengths may be used (index of discrimination ratio of A/NA fluorescence is ca. 5). For greater discrimination, High pH<sup>7</sup> and a Low pH<sup>7</sup> assay may be used but in both assays A fluorescence tends to be greater than NA fluorescence and the index of discrimination is only slightly raised (e.g. to ca. 15).

Using iodine / ascorbic acid 1-2-component assays (section

D 4 2a), a much higher index of discrimination may be achieved (e.g. 300) because in the High pH assay NA fluorescence is greater than A fluorescence. In the above types of assay low interference by NA in assays for A is easier to obtain than the reverse.

Fluorescence of the lutines is much more intense in acid than in alkaline solution but their stabilization is more difficult to achieve.

The Iodine / EDTA / sulphite assays with readings in acid solution (section D 4 2b) provide very simple assays with low and stable blanks. However such assays may be more susceptible to purity of water and other reagents and thus show greater variations in performance from laboratory to laboratory. In few instances extremely sensitive assays for A and NA have been reported using 2-component assays which also give high indexes of discrimination (e.g. 1400). Nevertheless using iodine as oxidant highest sensitivity may not always be achieved.

Using ferricyanide / mercapto-alcohol assays (section D 4 2d) comparatively intense fluorescence may be more universally obtained from both NA and A in High pH assays to provide very high sensitivity and differentiation may be based on reading at two sets of wavelengths. Replacing mercapto-alcohols by thiolglycolic acid provides High pH assay for NA with very low interference from A but the NA line is also poorly stabilized and the procedures are best used as automated assays.

Assays using sulphydryl compounds require considerable care to avoid contamination and inhibition of fluorescence from these agents.

Using a mercapto-alcohol in Low pH assay very high sensitivity can be obtained from A but the low interference by NA may be variable. This group of assays would appear to reliably offer the highest degree of sensitivity and if the NA interference in the Low pH assay can be standardized also a high index of discrimination (e.g. 100) using 2-component assays.

Thus the advantages and disadvantages of each type of assay must be weighed against the sensitivity and degree of discrimination required; whether measurement of one or both amines is needed and the proportions of A to NA in the tissue. A number of THL assays or now available which have adequate discrimination and in which sensitivity exceeds that required to accurately measure A and NA in small volumes of normal blood plasma.

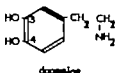
#### PRESENT PROCEDURE for the TRIHYDROXYINDOLE FLUORIMETRIC ASSAY of ADRENALINE and NORADRENALINE

1 Introduction: This assay for A and NA in N-acetate-HCl buffers after their purification on Dowex 50 column, THL assays using ferricyanide as oxidant have been found satisfactory for the last 20 years.

The simpler and more commonly used procedure is ferricyanide / ascorbic acid assay (Berliner + 1958) which has recently been modified (Kehr + 1976). When greater sensitivity is required the ferricyanide / BAL assay (Haggendal 1963a) is preferred.

Since most of our analyses are of NA in the CNS these assays are used with pH 6.5 addition and fluorescence recorded at NA wavelength maxima. When values for A are also required differential readings made by reading at two sets of wavelengths in High pH assays coupled with Low pH assay (Haggendal personal).

- E 1 Introduction For reviews of fluorimetric assays used for dopamine (DA) (3-hydroxytyramine) 1 2-(3,4-dihydroxyphenyl)ethylamine see g Carlsson (1959) Callingham & Coas (1963) Häggendal (1966) Weil Matherbe (1968) Shannon (1971) and Anton & Sayr (1972) Dopamine can be measured fluorimetrically using the same three principles of assays as for the other CAs: A and NA (see section D 1.1) i.e. by native fluorescence, condensation with EDA to yield fluorescent quinolines or oxidation/cyclization to form fluorescent hydroxyindoles. However DA was only commonly studied after the introduction by Carlsson & Waldeck (1958) of dihydroxyindol (DHI) assay and such assays have remained the most commonly used.



## E 2 NATIVE FLUORESCENCE OF DA IN ACID



The simplest of assays for DA is based on the native fluorescence of CAs at 285/325 nm which is optimal at pH 1 (Duggan et al 1957). However its lack of sensitivity and specificity and the earlier development of the more sensitive EDA-condensate assays made the use of this assay generally unsuitable for biological application. Although it provides a very convenient and rapid means of monitoring the distribution of DA when establishing purification procedures (see Paper 1; also section D 2).

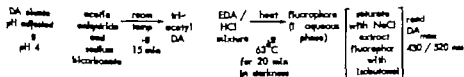
## E 3 ETHYLENEDIAMINE CONDENSATE ASSAY for DA:

- E 3.1 Introduction: For reviews see Weil Matherbe (1961) Udenfriend (1962) and Sharma (1971). This assay is based on the autooxidation of a CA to its quinone derivative and subsequent condensation with EDA to form a fluorophore. Early analytical procedures used an EDA-condensate assay for measuring total CAs and a THI assay for measuring A and NA, the DA being calculated from the difference in values obtained (Weil Matherbe & Bone 1957). Later, with the introduction of HI assay for DA with a high degree of specificity (Carlsson & Waldeck 1958) this approach was generally unnecessary. However, using a purification procedure which separated DA from the other CAs, the

high sensitivity of the EDA-condensate assay was re-utilised with improvements in sensitivity and specificity (Lavery & Shorman 1965)

- E 3.2 **optima:** A fluorophore derived from DA can be obtained in EDA-condensate assays using the same conditions as described for A, the wavelength maxima being similar (Well Matherbe & Bone 1957; Lavery & Shorman 1965; see also section D 3.2)

A modified version of the assay in which DA was acetylated prior to the condensation reaction was introduced by Lavery & Shorman (1965) (see also Crawford & Yates 1970; Shorman 1971)



The DA eluate is adjusted to pH 4 prior to the formation of the tri-acetylated derivative of DA which is incubated with the EDA/HCl mixture at 63°C for 20 minutes in the dark to form the fluorophore in the aqueous phase. It is extracted into isobutanol resulting in a small wavelength shift and considerable increase in fluorescence intensity in addition to being concentrated into a small volume. The fluorophore appears to be photosensitive requiring the assay procedure to be protected from light as was found for the NA fluorophore (Lavery & Shorman 1965; see also Section D 3.2)

- E 3.3 **blanks:** An indication of TB values may be obtained in the same tube by recording fluorescence also in the wavelength maxima for the fluorophores formed from acetyl A and NA this only being practicable if prior purification procedure is used which results in the complete separation of acetyl-DA from these compounds (Shorman 1971)

- E 3.4 **sensitivity:** By using acetyl DA rather than DA itself for condensate formation, four-fold increase in sensitivity is obtained in addition to increased specificity. The other features contributing to the high sensitivity of EDA-condensate assays are also retained in the total eluate analysis most of the DA originally present in the biological material may be used in the sample tube for conversion to the fluorophore which is then concentrated into a very small volume of organic solvent. Furthermore TB may be obtained in the same tube. Shorman (1971) subdivided the eluate using peristaltic pumps for S/TB and TB. Thus sensitivity was of the order of 2 ng per cuvette ml and since the total DA content may be transferred to the cuvette volume (2 ml) sensitivity of  $10^{-9}$  g DA in tissue may be measured (see Lavery & Shorman 1965)

- E 3.5 **chemistry:** The chemical basis of the EDA-condensate assay for DA common with other catechol compounds involves the oxidation of quinone derivative which in alkaline solution readily

EDA to form a labile polycyclic fluorophore. The chemistry of the reaction of DA with EDA may well be similar to that for A (as proposed in Section D 3.6); since the alkyl side-chain is retained in forming the fluorophore which has similar optical characteristics to that formed from A (non-acetylated) (Lavery & Shannon 1965).

When the CAs were acetylated prior to assay the wavelength maxima for DA (430/520 nm) became different from that of A (A and NA-max both being 420/490 nm). During the incubation reaction hydrolysis of the tri-acetyl-CAs will occur to form the N-acetyl-CAs (see Crawford & Yates 1970). The DA side-chain is probably retained and cyclized during the reaction (see Harley-Mason & Laird 1959). For A which has a hydroxy group on the carbon atom adjacent to the benzene ring the presence of the N-acetyl group may result in a similar reaction to that of NA in which case the fluorophore formed in both cases will be that derived from catechol (as discussed in Section D 3.6).

### E 3.5

specificity: The EDA-condensate assay is broadly specific for catechol compounds. When using the procedure for DA greater specificity is obtained by final extraction of the fluorophores into an organic solvent. However the fluorophores of other CAs e.g. A and NA will also be extracted as will those of non-basic catechol compounds in which the alkyl side-chain is lost off during the condensation reaction to form the fluorophore of catechol itself e.g. DOMA. The solvent extraction largely excludes however those non-basic catechols in which the alkyl side-chain may be retained in the formation of the fluorophore e.g. DOPA and DOPAC (see Section D 3.6). When assaying the DA base a number of catechols may therefore interfere: A,  $\alpha$ -methyl-DA, N-methyl-DA and probably some other CAs which retain their side-chains have wavelength maxima similar to those of DA (Kögi et al 1957; Lavery & Shannon 1965). Those catechols which lose their side-chains to form the fluorophore of catechol e.g. NA and DOMA may be differentiated by utilizing the difference in their wavelength maxima.

When assaying DA after its preliminary acetylation specificity is increased. The most important interfering probably  $\alpha$ -methyl-DA its fluorophore having similar wavelength maxima to that of DA, but an increased number of fluorophores with wavelength maxima different from those of A and isoprenaline (Lavery & Shannon 1965). This possibly due to the N-acetyl substituent inducing the elimination of the side-chain to form the fluorophore of catechol.

Nevertheless suitable purification is most important in obtaining adequate specificity. The earlier wide-spread use for purifying CAs had to a large extent rendered the assay unsuitable for assaying DA because both procedures dependent on the catechol group for specificity and even that of a weak cation exchange procedure for removing non-bases leaves the possibilities of interference by other CAs. The separation of DA from A and NA by the use of Dowex 50-type

(Bardet et al. 1958; Sharnon 1971) (or of their acetylated derivatives by paper chromatography Lavery & Sharnon 1965; Crawford & Yates 1970) coupled with the innovation of acetylating DA prior to its EDA-condensate assay (Lavery & Sharnon 1965) has provided an analytical procedure for DA with a high degree of specificity as well as sensitivity. This has proved useful for measuring DA in very discrete areas of CNS and other tissues (see Sharnon 1971).

#### E 4 DIHYDROXYINDOLE ASSAY for DA:

E 4.1 Introduction For review of these assays see e.g. Carlsson (1959) Collingham & Case (1963) Well-Matherbe (1968) Udenfriend (1969) Sharnon (1971) and Anton & Sayre (1972). This assay is based on the controlled oxidation of DA to its chrome derivative which is believed to undergo molecular rearrangement to a strongly alkaline solution in the presence of a suitable reducing and stabilizing agent in a similar manner to A and NA to form a DHI which gives strong and stable fluorescence in acid solution. This assay was introduced and used for measuring DA in brain by Carlsson & Waldeck (1958).

Carlsson & Waldeck (1958) had noted the observation by Dullé & Raper (1930) that DHI could be formed from DA. In the early HI assays for A and NA used between 1949 and 1962 ascorbic acid was used to stabilize the fluorescent lines in strong alkali. Under such conditions the fluorescence developed from DA had similar wavelengths but was very weak compared with that from A and NA. However Carlsson & Waldeck found that by acidifying the solution after fluorophore formation the fluorescence slowly developed at wavelengths much lower than those of A and NA; also that ascorbic acid interfered with fluorescence at these low wavelengths but that it could be replaced by sodium sulphite.

The HI assay for DA introduced by Carlsson & Waldeck (1958) used iodine as oxidant and sulphite as reducing/stabilizing agent with a final acidification. It provided not only the first and still the most commonly used type of fluorimetric assay for DA which has a high degree of specificity as well as sensitivity but it turned it was used for developing similar types of HI assays for A and NA (e.g. Chang 1964; Lavery & Taylor 1968) in which high fluorescent intensity was combined with lower and more stable blanks and higher powers of discrimination in differential assays for A and NA (see section D 4.2b).

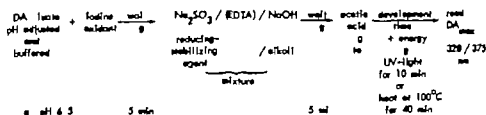
Subsequently iodine has been the most commonly used oxidant in DHI assays for DA although manganese dioxide has been used (Jueppel 1963) and greater sensitivity has been obtained using periodate (Anton & Sayre 1964) and more recently ferricyanide (see Paper III and section E 3).

E 4.2 optimum general Many of the general considerations for THI assays of A and NA also apply to these DHI assays for DA (see section D 4.2).



#### E 4 2 IODINE as oxidant plus SULPHITE as reducing / stabilizing agent

This type of assay introduced by Carlsson & Waldeck (1958) and later studied in detail by Lavery & Taylor (1968) is widely used with minor modifications (e.g. Drujan Sourkes Layne & Murphy 1959; McGee & McGee 1962; Welch & Welch 1969)



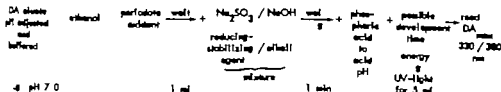
In this type of assay the eluate is carefully adjusted with e.g.  $\text{K}_2\text{CO}_3$  to a fixed pH generally between 6 and 7, and buffered usually with citrat or phosphate buffer (e.g. Lavery & Taylor 1968). The optimal amount of iodine is then added and allowed to act for a fixed time e.g. 5 min, before adding the optimal amounts of sulphite and NaOH as a mixture (EDTA has also sometimes been incorporated but its use does not appear to be as essential as in the equivalent type of assay used for A and NAs; however it may be useful if alcoholic iodine solutions are used see section D 4 2b) (e.g. Carlsson & Waldeck 1958; Lavery & Taylor 1968; Ansell & Beeson 1968). After allowing a fixed time generally between 3 and 5 minutes for tautomerization the solution is finally acidified usually with acetic acid to the optimal pH e.g. 4.4. This results in a hypsochromatic wavelength shift from 380/460 nm in alkali to 320/375 nm in acid with concomitant increase in fluorescence intensity and stability (see Carlsson & Waldeck 1958; Lavery & Taylor 1968). Development of fluorescence is low at room temperature equalling between 45 minutes (e.g. Drujan Sourkes Layne & Murphy 1959) and 20 hours (Bischoff & Torres 1962) but can be accelerated by using energy e.g. UV light for 10 minutes (Carlsson & Waldeck 1958) or heating in water bath e.g. at 100°C for 40 minutes (Lavery & Taylor 1968; Welch & Welch 1969 see also Paper III and section E 5 2). The fluorescence is then very stable for several hours (Carlsson & Waldeck 1958; Welch & Welch 1969).

An automated version of this type of assay has been developed (Waldmeier & Maitre 1973).

#### E 4 2b PERIODATE as oxidant plus SULPHITE as reducing / stabilizing agent

This type of assay was introduced by Anton & Sayre (1964) and later studied by W. H. Matherbe (1968).

Periodate is used for oxidation at e.g. pH 7.0 and if ethanol is present final fluorescence is increased. Oxidation time is restricted to 1 minute and one eluate is assayed at a time. After addition of sulphite and NaOH as a mixture fixed time of up to 4 minutes may be allowed for tautomerization. A final acidification



1 read using either mixture of 1:1:1 and phosphoric acid (plus HCl) (Anton & Sayr 1964) or phosphoric acid ion (Well Malherbe 1968). Fluorescence is recorded immediately by Anton & Sayr (1964) but increased intensity after UV irradiation for 5 minutes was reported by Well Malherbe (1968) who recorded fluorescence after waiting for 1 hour.

#### E 4.2 FERRICYANIDE as oxidant plus SULPHITE as reducing / stabilizing agents

This type of assay which was recently introduced has advantages of greater sensitivity and convenience (see section E 5).

#### E 4.3 blanks: In these HI assays two principal types of TB procedure are used; faded samples (TBM) and unoxidized samples (TBU). The various ways of preparing these blanks are essentially the same as in the A and NA assays (see section D 4.3). However the TBU obtained by premixing HI assay reagents prior to addition of the acid eluate which was found to be so suitable in A and NA assays has rarely been used for DA assays (see however E 5.3).

#### E 4.4 chemistry: The chemical basis of hydroxyindol assays has been discussed above (see section D 4.4). For DA the sequence of reactions whereby DA is converted by oxidative cyclization and intramolecular rearrangement to 5,6-dihydroxyindole as established by Dulière and Raper (1930) is formed below (see section D 4.4).

In most types of HI assay for DA some for NA and one for A the fluorescence develops only slowly after the HI has been formed (see section D 4.2 and E 4.2). One possible explanation of this phenomenon is that the HI formed by tautomerization of the chrome derivative has to exist in specific ionic form for fluorescence to occur. Possibly the conversion to this ionic form is influenced by number of factors including the type of substitutions on the HI nucleus and the redox potential established in the solution at particular pH (see e.g. Lavery & Taylor 1968). Such conversion to the required ionic form may be accelerated by the use of intense sources of energy such as heat or UV irradiation.

#### E 4.5 specificity: Although HI assays as a group are broadly specific for compounds having 2-(4-hydroxyphenyl) tryptamine nucleus (see sect. D 4.5) specific substitutions in this nucleus can result in relatively specific assays for individual compounds. Using the assay for D hydroxy groups on the ring (3- and 4-positions) and the tryptamine side-chain characterize the fluorophore as DHI as the basis of a sensitive and specific assay for DA. Parameters which

contribute to the specificity of the assay include the conditions of oxidation and stabilization and more especially the acid pH at which fluorescence is recorded, the longer time of development of fluorescence and the considerably shorter wavelength maxima.

In the DHI assay for DA, compounds giving interference are certain other 2(3,4-dihydroxyphenyl) ethylamine derivatives. The most important of these is DOPA which in equimolar amounts may give the same order of fluorescence as DA (70 - 140%) at similar wavelengths; reaction time may result from elimination of the carboxy group. Other interfering compounds include  $\alpha$ -methyl-DOPA (3% interference),  $\alpha$ -methyl-DA (11%) and N-methyl DA (epinine) (19%) (Anton & Sayre 1964; Waldmeyer & Mañire 1973). A similar type of assay has been developed for DOPA (Fohn, Pasad & Defast 1972) and N-methyl-DA may be assayed using a THI ferricyanide/ascorbic acid type procedure (see section D 4 2c) (Carlsson & Lindqvist 1962b).

Derivatives lacking a hydroxy group in the ring 3-position (e.g. 3-MT) have fluorophores with similar wavelengths and may give moderate (9 - 18%) interference (Waldmeyer & Mañire 1973). Using stronger oxidizing conditions, individual assays for 3-MT have been described (Carlsson & Waldeck 1964; Meelha & Raval 1973). M and NM give very low interference in this assay (<0.05 - 2%) (Anton & Sayre 1964; Waldmeyer & Mañire 1973) (for specific assays of M and NM see section D 4 5).

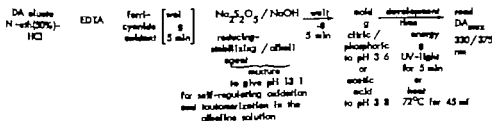
Derivatives with a hydroxy substitution in the 1-de-choil (2-position or  $\beta$ -position) give weak interference (e.g. A and NA (<0.05%)) (Anton & Sayre 1964). The acid solution and wavelengths used for the DA fluorophore and the conditions used for oxidation and isomerization do not always lead to effectively stabilized A and NA fluorophores. For further considerations of specificity see section E, Paper III.

The choice of purification procedure depends upon which possible interfering compounds are present. Thus cation exchange columns are useful for separating DOPA and other non-bases from DA and alumina for separating 3-O-methylated derivatives from DA. To separate A and NA from DA, strongly acidic cation exchange columns are generally required. However, it was for eluates from these latter that the DHI assays for DA were introduced to measure DA in brain (Carlsson & Waldeck 1958; Carlsson & Lindqvist 1962b; see also Carlsson 1959a) although they have been mainly used following alumina purification to measure DA in brain (Anton & Sayre 1964; Karasawa et al 1975), spinal cord (McGeer & McGeer 1962) and urine (Bischoff & Torres 1962).

## E 5 PRESENT PROCEDURE for the DIHYDROXYINDOLE FLUORIMETRIC ASSAY of DOPAMINE

- E 5 1 Introduction: A new type of DHI fluorimetric assay for DA which has been applied to the N-ethanolic(50%)-HCl from the Dowex 50 purification procedure (see section A 4) is described in Paper III.

In the assay oxidation of DA by ferricyanide and subsequent tautomerization both occur in the same strongly alkaline solution in the presence of sulphite as reducing and stabilizing agent. A final acidification and development time is required for maximal fluorescence. The assay is simple and very reliable and the self-regulating nature of the reaction makes the assay very suitable for the routine simultaneous analysis of large numbers of samples. Blank fluorescence tends to be low and stable. This is probably the most sensitive version of the DHI assays which are available for DA.



In the above procedure the DA eluate is added after starting the assay reagents.

### E 3.2

**optimum:** The eluate for which this assay was optimized is N-ethanol (30%)-HCl. The EDTA is added to prevent the formation of precipitate if heat is used to accelerate the development time for the fluorophore in the alkaline solution. The optimal amount of ferricyanide is added and time interval is allowed negligible oxidation of DA occurs at this stage in HCl. The presence of 25-50% ethanol in the eluate increased fluorescence by 30% apparently by influencing the oxidation or tautomerization reactions since if the ethanol was added after the alkali fluorescence increased by only 10%. The optimal amounts of sulphite and NaOH were added as mixture so that oxidation and tautomerization could occur. Sodium sulphite or metabisulphite were equally suitable as reducing agents. Although the pH of the reaction was shown to be rather critical at pH 13.1 (ca. 0.1 N NaOH) the assay was found to be highly reproducible after relaxing the 1 N HCl with ca. 3 N NaOH without the presence of buffer and reproducibility should be at least as good when using more weakly acidic eluates. The amount of NaOH must be adjusted to produce the optimal pH of 13.1 (Paper III) when adapting the assay to different DA eluates, e.g. from lumina olivina (Koraszewski, Furukawa, Yoshida and Shimizu 1975). The oxidation and tautomerization occurred rapidly in less than 20 seconds. The DHI appeared to be stable in the alkaline solution since time interval of at least 15 minutes could elapse without affecting the results. However, fixed time was chosen for this and the previous interval appropriate to the number of samples being assayed to avoid introducing unnecessary variables.

For acidification to an optimal pH of about 3.6 either acetic acid or citric/phosphoric acid could be used. The pH was attained more reproducibly with the former acid but 15% higher fluorescence intensity could be obtained using the latter acid and it

Fluorescence developed slowly but could be accelerated by applying energy. Near-maximal fluorescence could be obtained in a variety of ways: e.g. by heating at 72°C for 45 minutes or irradiating with UV light. Several factors could influence the conditions required for development of fluorescence: e.g. using UV lamp peak emission 254 nm, 7 minutes was required after acidification with citric/phosphoric acid but only 5 minutes after acetic acid. If the reaction was carried out in quartz test-tubes but if pyrex glass tubes were used then 15 minutes were required when using acetic acid when using heat. Temperature below the boiling point of ethanol was preferred: e.g. 72°C for 45 minutes to obtain more reproducible results. These observations are interesting in view of the conflicting reports concerning the most suitable ways of developing maximal fluorescence in the iodine/sulphite DHI assays for DA (see section E 4.2). Once developed, fluorescence was stable for at least 4 hours.

An automated version of this assay has been described (Prasad, Fahn & Isgren 1975).

**E 5.3** *blanks:* The most suitable TB procedure was found to be a TBu in which all assay reagents were added in the normal order before finally adding the portion of acid eluate. This TBu<sup>+</sup> and TBu<sup>-</sup> in which the NaOH was added alone followed by the sulphite after the final acidification, when tested on pure solutions of DA were found to be essentially the same as RB. Independently of the amount of DA present (up to 5 µg tested); whereas other types of TBu (see section D 4.3) gave increased readings with increasing DA concentration. When assaying eluates from blank Dowex 50 columns, the PBu<sup>+</sup> tended to be slightly too low and the PBu<sup>-</sup> too high as compared with PS due to slight interference by material derived from the resin (for discussion see Haggendal 1962b). The use of the TBu was therefore likely to lead to slight under-estimation of DA in the Dowex 50 eluates: ca. 1 ng DA per column.

The TBu procedure was preferred, and when applied to eluates derived from brain extracts of rats treated to deplete the brain of its DA content, a concentration of ca. 5 ng per g was obtained in less than 1% of the DA content of normal brain.

TBu prepared as described, using pre-mixed assay reagents before adding the acid eluate, have previously been shown to be very suitable for use in THI assays for A and NA (e.g. Chang 1964; O'Hara et al. 1970; see section D 4.3).

One factor in particular which led to considerable variations (up to 300%) in the magnitude of the RB was the purity of the ethanol and of several brands and grades tested, the Merck spectroscopic grade 99% gave the best blanks (see Paper III). Subsequently in another laboratory, much less expensive 99% industrial grade of ethanol was available which gave very high RB; but after diluting with water and subjecting it to a simple reflux distillation and discarding the first and last 5% of the distillate, the ca. 96% ethanol (azeotropic mixture) so obtained gave RB even slightly lower than the best results previously obtained.

E 3.4 chemistry: The nature of the chemical reactions undergone by DA in this assay are presumed to be those typical of other DHI assays for DA (see section E 4.4). A unique feature of this assay is that not only the tautomerization of the DA-chrome but also the oxidation of DA to its chrome derivative occur in the same strongly alkaline solution (here bearing certain resemblances to the fluorimetric assays used for A in the early 1940s - see section D 4.1). In the presence of a reducing agent to form a stable HI fluorophore. This is possible presumably because of the redox potential established by the particular combination of oxidizing and reducing agents used for DA in the reaction. Oxidation of DA by ferricyanide in the strongly alkaline solution occurs almost instantaneously whereas reduction of the ferricyanide by sulphite equal several seconds thus allowing time for DA to be oxidized and in addition the sulphite is already present to stabilize the DA-chrome in alkaline solution as in other DHI assays for DA (see section E 4.2). With many other combinations of oxidizing and reducing agents it would appear that the oxidizing agent is reduced too rapidly for oxidation of DA to occur.

E 3.5 specificity: This type of DHI assay for DA tends to be more specific than those using iodine as oxidant and as specific as that using periodate. Most of the compounds found to give more than 2.5% equimolar interference in the assay are completely separated from DA using the Dowex 50 purification procedure including DOPA, 2-methoxytryptamine and 6-hydroxytryptamine. The notable exceptions are *o*-methyl-DA which gives ca. 8% interference in the assay and overall procedures and 3-MT which gives somewhat variable interference of 12-20% in the assay and up to 20% in the Dowex 50 eluate giving an overall interference of ca. 4%. The use of differential assay for distinguishing between DA and DOPA (ca. 70% interference) which has been incorporated in the periodate DHI assay for DA (DOPA interference of ca. 143%) (Anton & Sayre 1964) was unnecessary because DOPA is completely separated from DA on the Dowex 50 columns (Paper I see also Weil-Mailherbe 1968).

E 3.6 sensitivity: In this assay sensitivity expressed in the popular manner of twice the RB is equivalent to 3.7 ng DA per cuvette volume. However smaller amounts of DA could be assayed since one meter unit above the RB was equivalent to 0.08 ng DA per cuvette volume with the RB readings being very stable. A reading of 5 meter units above the RB (which is 2 S.D. of the mean RB reading) is equivalent to 0.4 ng DA per cuvette volume. Using 1 ml out of a 3.5 ml eluate in the assay and adding only 0.6 ml of assay reagents amounts of DA of the order of  $10^{-9}$  g/l tissue may be measured.

E 3.7 general comments: This assay procedure for DA has been used successfully in several other laboratories throughout the world where its sensitivity compared with other DHI assays has been confirmed (Karusawa et al 1975; Prasad et al 1973).

The assay was developed for application  
N-eth (50%) HCl (boiled) obtained from the new Dowex

cedure (see Paper III). Previously a N HCl eluate had been obtained (Berthier et al 1958) with a DHI assay using iodine oxidation at pH 6.5 (Carlsson & Waldeck 1958) or at pH 5.4 (Carlsson & Lindqvist 1962 b). In preliminary experiments for assaying DA, 1 ml of the N-ethanolic (50%) HCl eluate was adjusted to pH 5.4 and (with appropriate adjustments for eluate volume) this iodine/sulphite DHI assay was applied; but because very variable results were obtained various parameters were checked. Surprisingly ferricyanide oxidation of DA was found to result in fluorescence intensity approaching that obtained using iodine at pH 5.4; and even more unexpectedly fluorescence was found to increase as the adjusted pH of the eluate was lowered. Its intensity became greater than could be obtained using iodine oxidation and reached a maximum when applying ferricyanide to DA in N HCl. The observed optimal pH for oxidation was really the result of the strongly acid eluate neutralizing the NaOH concentration towards pH 13 for tautomerization, at which pH the oxidation by ferricyanide was also occurring. (Thus, when establishing the optimal pH for oxidation in conventional HI assays, care should be taken to maintain a constant pH for tautomerization when testing solutions of various pHs for oxidation.) The realization that both oxidation and tautomerization were occurring at pH 13 was checked by preparing solutions of various normalities of NaOH containing sulphite before adding DA and the ferricyanide. Near maximal fluorescence was still obtained in this reverse order assay with ca 0.1 N NaOH solution.

In the ferricyanide/sulphite DHI assay results were very reproducible and uninfluenced by certain climatic conditions. Thus, this new assay was developed during hot summer conditions which we find renders the iodine/sulphite DHI assay unusable; partly because the high ambient temperatures increased the amount of spontaneous oxidation of DA, especially during the pH adjustment resulting in high blank values. (Improved results were obtained in this assay by changing to a TBu in which all the reagents were premixed before adding the acid eluate - see e.g. section E 4.3 and E 5.3.) The satisfactory performance of the new ferricyanide/sulphite DHI assay is probably related partly to the considerable heat generated upon the mixing of strong NaOH and HCl solutions; partly to omitting titration of the acid eluate to a near-neutral pH; and partly to the use of a TBu with premixed assay reagents plus acid eluate.

Iodine is the most commonly used oxidant in DHI assays for DA, but these assays are known to not function satisfactorily in all laboratories (e.g. see Sharnan 1971). It is thus useful to have a different type of oxidant available for the DHI assays - e.g. the ferricyanide/sulphite assay which has been found to function satisfactorily in Dr Sharnan's laboratories (personal communication).

The numerous advantages of this assay procedure have proved very valuable for the routine analysis of large numbers of DA samples and coupled with the Dowex 50 procedure provides a high degree of specificity and sensitivity. It has been used for measuring the small amounts of DA in peripheral tissues such as heart and salivary

gland (Snider et al. 1973). Also it has enabled a detailed study to be made of the changes in DA concentration following spinal cord transection (Magnusson 1973) after the method had been shown to be suitable for measuring DA in this tissue (see Paper III).



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Current Research on the Histochemistry and  
Function of Biogenic Amines  
A Tribute to Bengt Falck

Edited by

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LUND 1977



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Function of Biogenic Amines  
A Tribute to Bengt Falck

Proceedings from a symposium held January 14 1977  
at the Department of Histology University of Lund  
on the occasion of Bengt Falck's 50th birthday

Edited by

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On January 16, 1977 Professor Bengt Falck celebrated his fiftieth birthday.

It is superfluous to describe the details of Bengt Falck's fundamental contributions to modern medical science, with important implications on wide areas of neurobiological and endocrinological research. Falck's name is primarily connected with the histochemical method for cellular demonstration of certain biogenic amines, which he developed together with the late Professor Nils-Åke Hillarp. Not to forget his doctoral M.D. thesis on autotransplantation of ovarian endocrine cell systems, in which Bengt Falck legantly demonstrated that the production of estrogen is depending on an interplay between theca interna gland cells or interstitial cells and corpus luteum cells or granulosa cells.

The fluorescence histochemical method of Falck and Hillarp is based on the introduction of new fundamental technical principles, namely that the chemical reactions in the tissue proceed under dry circumstances, including the use of reagents in gaseous form, so that diffusion of the reacting substances is practically prevented, which results in very precise cellular localization of the amine. The method thus allowed, for the first time, the visualization of intraneuronal transmitter substances. The comprehensive analysis of the chemical background of the method distinguishes it from most other histochemical methods, inasmuch as it is known in detail how the reaction proceeds when formaldehyde condenses with the monoamines to form fluorophores, which can be observed in the cells by fluorescence microscopy. Moreover, a unique degree of sensitivity has been reached because the method is based on fluorescence reaction and not conventional staining procedure. The method is, with certain prerequisites, quantitative and can thus be used for highly sensitive microanalysis of functional changes of the monoamines within individual cells.

Bengt Falck started to work in Nils-Åke Hillarp's laboratory at the Department of Histology in Lund almost 30 years ago. In the late 1950s Hillarp introduced the line of monoamine histochemistry into the research of his laboratory. The motivation for this was obvious. In the brain, the presence and regional distribution of noradrenaline and 5-hydroxytryptamine had been known for some years from the work of von Euler, Holtz, Vogt, Aron, Page, Carlsson and their coworkers, and recently Bartler and Rosengren. In Lund had reported

the occurrence of large amounts of dopamine in the caudate nucleus. Although the view that these monoamines act as transmitters gained strength, many found it hard to accept transmitter function for 5-hydroxytryptamine and dopamine. Thus, cellular localization of these amines in brain was required to make the discussion of their functions meaningful. Moreover, von Euler's concept of noradrenaline being the sympathetic transmitter in the periphery had been questioned by Burn and his group, who put forward the hypothesis that peripheral noradrenaline is stored in and released from peripheral cells, perhaps chromaffin cells, innervated by cholinergic nerves.

The idea to prevent dislocation of the monoamines from their cellular stores crystallized from a series of rather disappointing studies, where Falck in collaboration with Alf Torp attempted to transform Ehrlich's trihydroxyindol method for histochemical purposes. The first trials with gaseous reagents such as iodine and ammonia vapors as well as with stylen-diamine were not successful. However, exposure of sections from adrenal medulla to formaldehyd vapor generated from saturated formaldehyde solution induced very intense fluorescence in the noradrenaline cells. That became the deciding turning point. All efforts in the laboratory were then directed towards devising histochemical formaldehyde method. Professor Hillarp, at that time working in Arvid Carlsson's laboratory in Göteborg under a MRC grant, travelled to Lund to discuss the further work, and Bengt Falck tells us about the particular exciting day 1 August 1961:

"That is day I will never forget as long as I live. Hillarp, who had great experience in preparing whole-mounts of thin tissue-sheets from his work on the autonomic ground plexus, suggested that we should try to expose rat iris to dry formaldehyde gas. He prepared an iris. It was allowed to dry in air for short time and was then exposed to dry formaldehyde gas for 1 hour at +80°C. The slide was put under the microscope with no great expectations but the picture surpassed our wildest hopes. There was the adrenergic ground plexus exactly as Hillarp had described it many years earlier, except that this time the nerves were not stained with methylene-blue, but the transmitter itself showed up in form of its fluorescent derivative. There were also the weakly fluorescent preterminals and the strongly fluorescent varicose terminals — but no chromaffin cells — thus confirming the concept of von Euler on the localization and distribution of noradrenaline in the adrenergic neuron and excluding the hypothesis that postganglionic cholinergic fibres liberate noradrenaline from stores around the sympathetic nerve ending. We telephoned to Ulf von Euler and told him what we had just seen in the microscope, not that I believe he had for a moment had any doubts, nonetheless it felt good to give him this information and he appreciated it. Then we went home to celebrate and to dream about the future. Our work for the next few months was



characterized by trials to standardize the method paralleled with attempts to harvest as much information as possible about the cellular localization of the monoamines and in 1962 the first reports on peripheral and central monoamine stores appeared.

The Falck-Hillarp fluorescence method has meant breakthrough in several research areas. (1) It has formed the foundation for complete and detailed mapping of the entire peripheral sympathetic nervous system and by the high precision of the method it has given very significant contributions to the solution of several problems of purely functional character. (2) In the central nervous system it has been possible to use the method for final proof for the transmitter functions of several amines and it has now been possible to map and study in detail very extensive systems of aminergic neurons. Important contributions have

been offered for the understanding of endocrine control mechanisms in the hypothalamus for pharmacological and functional aspects on the extrapyramidal system for regeneration and plasticity of central neurons etc etc (3) It has been possible to detect previously unknown occurrence of catecholamines and serotonin in several endocrine cell systems forming the base for a number of functional investigations (4) The discovery that primitive nerve systems in lower organisms work with catecholamines and serotonin as transmitters has opened new possibilities for studies of evolutionary mechanisms in the nervous system And (5) the high sensitivity and great specificity of the method has made it possible to use it as a tool in an extremely broad analysis of the action mechanisms of different drugs primarily those which are of interest in modern psychopharmacology

Falck's contributions have been exploited in different contexts both within Sweden and abroad where he has been engaged in several expert and specialist panels He has been awarded the Florman Prize by the Royal Swedish Academy of Sciences 1966 the Axel Hirsch Prize of Karolinska Institutet and the Purkyne Medal by the Czech Academy of Sciences

Bengt Falck is Chairman of the Institute of Anatomy and Histology at the University of Lund He has a unique ability to initiate stimulate fascinate and encourage His honesty and his loyalty towards colleagues and friends is absolute Against the background of these qualities Bengt Falck has at the Department of Histology created an extremely active research team which during the fifteen years the fluorescence method has existed has produced more than 750 scientific reports This activity beautifully expresses the position of modern histology in Sweden dynamic medical cell biology bridging structure and function

As a manifestation of our admiration of Bengt Falck as scientist and friend and to celebrate his birthday a symposium was held at the Department of Histology in Lund on January 14 Invitations were sent to 11 online histochemists in Sweden present and former research students and colleagues of the Department including foreign guest scientists currently working in the team The conference during which fourteen papers were presented was attended by ornithologists representing a variety of fields: anatomy histology zoology physiology biochemistry pharmacology surgery neurosurgery neurology ophthalmology pediatrics gynecology and dermatology More than eighty friends participants in the Symposium as well as the staff and personnel from the Institut celebrated Bengt Falck during the conference dinner The Symposium day became an expression of deep feeling of gratitude for Bengt Falck's self-sacrificing work to secure the continuous vitality and friendly atmosphere that are so unique for the Lund Amine Team

Christer Östman

Anders Björklund

## FOREWORD

The Editors of the present volume on "Current Research on the Histochemistry and Function of Sympathetic Axiolines" have kindly asked me to write a Foreword. The Proceedings of this Symposium bear witness of the wide use the fluorescence histochemical technique has won in a few years. It is rightly considered as a fundamental contribution which has formed a new basis for the elucidation of the anatomy and histology of the monoaminergic systems. In addition it has greatly assisted in the clarification of mechanisms involved in the synthesis, storage, uptake and release of the axolines by which a multitude of neurons and other cells exert their physiological actions.

A better basis for a histochemical reaction than the fluorescence exerted under certain conditions by the actual transmitter substance itself could hardly be found. Of earlier attempts in this direction those of Olovi Eränkö in Helsinki 1955 seem to have been the most successful. By treatment of adrenal medullary sections with formalin he observed brilliant fluorescence attributable to catecholamines. In the first place noradrenaline. Fluorescence of catecholamines in adrenal medullary cells could also be produced by other methods, but the noradrenaline stored in the adrenergic nerves for a long time resisted the attempts to make them visible by histochemical methods. The systematic work of the histology group in Lund finally brought success by utilizing the formaldehyde reaction under such conditions that the catecholamines did not diffuse from their natural cell localities. In the first announcement of this achievement by Falck and Torp in 1962 the fluorescent network of the adrenergic fibres in the rat iris appearing after exposure of dried tissue mounts to formaldehyde vapour was described. The first sight of the plexus of nerve fibres in the entire iris must have held a surprising beauty for the microscopists.

The results were the outcome of systematic studies along different lines, and could be rapidly exploited by a research group whose members were fully aware of the significance of the findings. Particularly interesting was the observation that the elongated swellings in the adrenergic nerve terminals, described by Hillarp already in 1946, stood out with brilliance in the histochemical preparations, whereas the intervening parts of the terminal axons showed only a faint fluorescence making them to appear like a string of pearls. This was an indication



tion that these varicosities contained the transmitter in high concentration - an observation which was in agreement with our earlier conclusions about its distribution in the nerves based on determinations of the relative amounts of noradrenaline in the whole organ and in its adrenergic nerve bundles. Further experiments by the research group in Lund proved the existence of fluorescent fibres in all organs supplied with adrenergic nerves.

The new method to visualize specifically the adrenergic nerve system in its finest ramifications should naturally evoke intense interest in many laboratories engaged in studies of adrenergic mechanisms. Moreover, it created at once a wide field for detailed studies - both anatomical and functional - with a view to gaining more insight into the processes of adrenergic neurotransmission. As a result of this, a large number of doctoral dissertations and scientific papers have emerged, primarily from the laboratories which were originally engaged in this research.

Evidence soon accumulated to show beyond doubt that the fluorescence of the neurons was due to the presence of the neurotransmitter itself. To a certain extent at least, the degree of fluorescence also afforded quantitative estimation of the amount or concentration of transmitter present, even if some caution in this respect has to be exercised. The ability of certain neurons to take up amines or their precursors could also be utilized when the natural fluorescence was weak, thus making the monoaminergic neurons more clearly visible in the microscope. The localization of the transmitter in the neuron as well as its disappearance and reappearance in different parts of the neurons, could also be followed in a way that had not previously been possible. Thus, the technique lent itself admirably to studies of the distribution of the transmitter after various measures designed to alter the axoplasmic flow. By such techniques the transport of storage vesicles along the axon could be shown, and earlier assumptions of centrifugal transport of the transmitter by the axoplasmic flow could be proven. The striking variations in adrenergic nerve supply from the few fibres in the testis to the abundant nerve net in the vas deferens form a valuable complement to the chemical analyses of the transmitter in the organs. Another finding which merits special consideration is the demonstration of axon-like outgrowths from chromaffin cells transplanted to the anterior chamber of the eye.

Even if the fluorescence technique has supplied a secure foundation for the knowledge of the peripheral sympathetic system, its importance for the elucidation of monoaminergic systems in the central nervous system may be regarded as even more far-reaching. Although it was known previously that the brain contained both noradrenaline, adrenaline, dopamine and 5-hydroxytryptamine, the fluorescence technique made it possible to establish the localization and course of the fibre bundles, many associated with previously unknown pathways.

which utilized these transmitters. Research in this area is steadily growing, providing basis for the understanding of the physiology and pathophysiology of numerous facets of higher nervous functions.

Differentiation of the fluorescence by spectrofluorometry and other methods has also proved of great value in the analysis of transmitter substances occurring in non-mammal and in invertebrates. One example of the possibilities afforded by the difference in the spectral characteristics of the fluorophores is the demonstration of dopamine cells and neurons in various tissues.

Only a few of the striking results obtained by the histochemical fluorescence technique have been briefly touched upon in this introductory survey, but enough, I think, to show that it has opened up new and fruitful avenues of research. In remarkably brief time by the co-ordinated efforts of a large number of skilled and devoted research workers, a clearer picture and better understanding of basic neurobiological and endocrine processes have been arrived at. Some of these may in the future prove to be of still greater importance than is now realized.

The development of the fluorescence histochemical technique by Falck, Hillarp and their associates represents a beautiful example of successful outcome by joint efforts at favourable time.

Ulf S. von Euler



## Section I

### CENTRAL AMINE NEURON SYSTEMS



# THE USE OF MAGNESIUM IONS FOR SENSITIVE VISUALIZATION OF CATECHOLAMINES AND SEROTONIN IN THE CNS

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Several different methods are currently used for the visualization of catecholamines (CA) and indolamines (IA) in nervous tissue. The most commonly used procedure is that of Falck and Hillarp (1, 2) using formaldehyde (FA) treated freeze-dried tissue and paraffin embedding. Later alternative procedures based on Vibratome sectioning (3, 4) or cryostat sectioning (5, 6) have been introduced for more rapid results. Among these methods the Vibratome procedures, and particularly the glyoxylic acid (GA)-Vibratome procedure, are clearly the most sensitive ones.

With the introduction of the Vibratome methods it became clear that the original Falck-Hillarp method had an insufficient sensitivity for visualization of many CA fibre systems. However, since the freeze-drying-paraffin embedding technique has several practical advantages it was in our opinion of great interest to find ways to increase the sensitivity of this procedure to a level comparable to that of the Vibratome methods. Our basic assumption was that certain metal ions, such as magnesium ions, which are known to inhibit the release of transmitter substances, would improve the visualization of CA and IA neurons by preventing the release of the amines during the histochemical processing. Our results show that perfusion of the animal with a solution containing FA and GA in combination with very high concentration of  $MgSO_4$  gives a striking improvement of the visualization of CA and — to a lesser degree — serotonin neurons in freeze-dried paraffin-embedded tissue (7). Furthermore, we have found that magnesium can be used to improve both the cryostat and the FA-Vibratome procedures for CA visualization (8).

For freeze-drying and paraffin embedding the best results were obtained after perfusion first with 150 ml of an ice-cold acid phosphate buffer (pH 4.5) followed by 150 ml of an ice-cold solution containing 2 % GA, 0.5 % FA and 40 g  $MgSO_4 \times 7H_2O$ . (The acid pre-perfusion improves the general morphology of the tissue sections). The tissue was then freeze-dried, FA-vapour treated and paraffin embedded according to the Falck-Hillarp procedure. For Vibratome sectioning optimum results were obtained after perfusion with 150–300 ml ice-cold solution containing 4 % FA, followed by immersion of the sections for 1–2 min in an ice-cold solution containing 5 g  $MgSO_4 \times 7H_2O$  per 150 ml. The sections were finally reacted with FA vapour. For cryostat sectioning tissue perfused with the above

FA-GA-MgSO<sub>4</sub> solution was used and the sections were immersed for 30 sec in an ice-cold 2 % GA solution before drying and FA vapour treatment (for details see Lorin et al 1976 1977)

The capability of the different MgSO<sub>4</sub> procedures to visualize CA and DA-systems was evaluated in the rat brain. With respect to the CA-containing neuron systems all techniques visualized the cell-bodies and their dendrites with high intensity as well as both terminal and non-terminal portions of the axons (Fig. 1 a-d). Even the DA-containing terminals in the frontal cortex (which are possible to demonstrate only with the most sensitive methods) were demonstrated with any of the techniques (Fig. 1 ). However, the DA terminals in the anterior cingulate cortex and the terminals of the incerto-hypothalamic DA system could be detected only with the modified freeze-drying and paraffin embedded procedure.

The serotonin systems were studied in rats pretreated with MAO-inhibitor (one or in combination with L-tryptophan). Positive results were obtained only in the FA-GA-MgSO<sub>4</sub> perfused tissue processed for freeze-drying and paraffin embedding. In such specimens the serotonin-containing cell bodies with their dendrites and proximal axons (Fig. 2) were demonstrated with higher intensity and sharpness than in similar specimens processed according to the standard Falck-Hillarp method (which currently is the most useful method for serotonin visualization). The serotonin-containing terminal systems were well visible in some areas such as in neocortex, hippocampus, globus pallidus, substantia nigra and in Interpeduncularis.

Of the different MgSO<sub>4</sub> procedures tested, the freeze-drying-paraffin-embedding method and the FA-Vibratome method gave the overall most satisfactory results, whereas the cryostat procedure was somewhat less sensitive and less reproducible in our hands. The present MgSO<sub>4</sub> modifications of the freeze-drying and FA-Vibratome methods have sensitivity for NA and DA containing structures that is comparable to that of the GA-Vibratome method. The MgSO<sub>4</sub>-cryostat procedure, although less sensitive than the alternative methods, has in our laboratory given the best results of all available cryostat procedures on CNS tissue.

The beneficial effects of high MgSO<sub>4</sub> concentrations could be explained by several factors. It is highly probable that the magnesium ions act to inhibit release of amines during processing, and that the hypertonic salt solution help to dehydrate the tissue. From preliminary model experiments it seems, however, that the most important factor is a direct action of magnesium ions on the fluorophore formation from the monoamines, possibly by acting as Lewis acid in the catalysis of the histochemical reaction.

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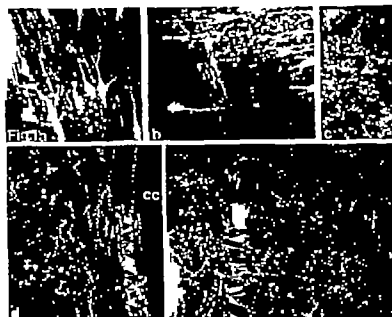


Fig 1 CA-containing cell bodies, bundles and terminals: sagittal sections. a-c are from freeze-dried specimens; d and e are from Vibratome sections. a and b: NA-containing cell bodies from nc. subcoeruleus (X170); c: locus coeruleus terminals in the cerebellum (X170); d: part of the cingulum bundle just dorsal to the corpus callosum (cc) (X190); e: DA and NA terminals in anteromedial frontal cortex (X190).



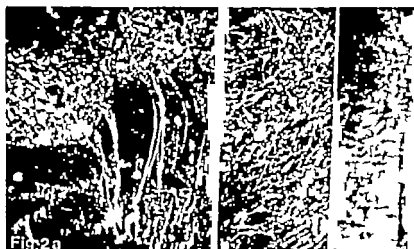


Fig. 2 Serotonin-containing cell bodies, axons and terminals from freeze-dried specimens: sagittal sections: a: cell bodies and proximal axons of neurons in the dorsal raphe nucleus (X150); b: the ventral part of the median raphe nucleus together with serotonergic terminals (X170); c: serotonin-containing cell bodies and terminals underneath the ependyma of the IVth ventricle (arrows) (X170). The animal was pretreated with chloral hydrate (300 mg/kg), tolamide (300 mg/kg) and L-tryptophan (100 mg/kg).

DISTRIBUTION OF  $^{14}\text{C}$ -5 6-DIHYDROXYTRYPTAMINE IN THE CNS OF THE RAT

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5 6-Dihydroxytryptamine (5 6-DHT) has repeatedly been shown to reduce cerebral serotonin (5-HT) content when introduced into the CSF (1, 2). The extent and time-course of long-term 5-HT depletion accomplished by 5 6-DHT was found to vary with the region explored and not to be correlated with the dose of 5 6-DHT administered in certain CNS regions (1). In addition, there is biochemical and morphological evidence for unselective damaging effects of 5 6-DHT on central NA (noradrenaline) and DA (dopamine) systems (2, 3). These findings have been explained by physicochemical properties of the drug (its lability and difficulty to penetrate brain matter) and by peculiarities of the anatomy of the central 5-HT system (which is still imperfectly known at present). However, it remained unexplained why 5 6-DHT caused toxic damage to some periventricular DA but not NA fibres since there is no difference in the affinity of 5 6-DHT to the central NA and DA uptake sites (2).

In order to answer the questions discussed above,  $^{14}\text{C}$ -5 6-DHT\* ( $1\text{-}^{14}\text{C}$ -5 6-dihydroxytryptamine creatinine sulfate  $\text{H}_2\text{O}$  3.14 mCi/mmol) was injected into the left lateral ventricle of ether anaesthetized rats and the animals killed at 1, 24 or 48 h after drug injection by intracardiac perfusion with saline containing

\*  $^{14}\text{C}$ -5 6-DHT was synthesized and donated by Dr H. G. Schlossberger, Max Planck-Institute for Biochemistry, Munich.

10 % neutralized formol. The brains were embedded in paraffin. Serial sections (5/ $\mu$ ) were coated with Ilford L 4 emulsion (dipping technique) and exposed for 6 weeks at 10°C. The silver grains were developed with Kodak D 19 b and the sections counterstained according to Einarsson.

One h after  $^{14}\text{C}$ -5,6-DHT silver grains are mainly found in a narrow zone of brain parenchyma (400-700/ $\mu$ ) bordering on the lateral IIIrd and IVth ventricle and on the basal cisternae of the subarachnoid space. The number of grains in ventricle- and surface-near structures correlates with the known regional density and pattern of distribution of DA and 5-HT terminals and perikarya in the rat CNS. Forebrain NA terminal systems and brainstem NA cells are much less intensely labeled. The supraependymal 5-HT fibre plexuses are distinctly outlined (Fig 1c) in the  $^{14}\text{C}$ -5,6-DHT injected brains. Ventricle-near portions of the left caudate (Fig 1a), dorsolateral septum, nucleus accumbens, septi (Fig 1a), olfactory tubercle (Fig 1b) and hippocampus have much more radioactivity incorporated than their contralateral homologues. A decrease in the intensity of labeling of perikarya belonging to the various brainstem raphe nuclei is noted by 1 and 2 days but at the same time, an increased number of grains is found superimposed to certain monoaminergic fibre tracts (e.g. the median forebrain bundle and cingulum). Simultaneously scattered grains are noted over some surface- and ventricle-distant structures (e.g. the deep layers of the colliculi). By 24 and 48 h increasing numbers of radioactivity laden macrophage-like cells are seen to accumulate in the ventricle- and surface near brain parenchyma on top of the ependymal cells and in the pia-arachnoidae.



Fig.1 a,b,c: Autoradiograms of the *n. caudatus* and *accumbens septi* (a) *olfactory tubercle* (b) and *habenular nucleus* (c) following intraventricular injection of  $^{14}\text{C}$ -5,6-DHT

The present findings demonstrate that the penetration of 5 6-DHT from the ventricle into the brain parenchyma is in fact rather limited and that 5 6-DHT reaches only those surface-bordering regions that have access to the cisternae of the subarachnoid space. The absence of toxic effects of 5 6-DHT on central MA neurons can be explained by a comparatively inefficient accumulation of 5 6-DHT in MA fibres and cells. This finding suggests that the affinity of 5 6-DHT to the MA uptake sites in brain should be lower than to the DA uptake sites in discrepancy with earlier conclusions based on published data concerning the inhibition of the uptake of  $^3\text{H}$ -DA and  $^3\text{H}$ -MA by 5 6-DHT.

(4) Measurements of the apparent affinity of labeled 5 6-DHT to the MA and DA uptake sites will be required to solve this problem. The time-dependent changes in the extent of labeling of perikarya and non-terminal monoaminergic axons are interpreted as indicating an intraneuronal diallocation of radioactivity by axoplasmic transport. Finally the penetration of 5 6-DHT into the brain parenchyma and the selectivity of its accumulation in 5-HT MA and DA systems can be modified by drugs known to act on CNS monoamine mechanisms such as desmethylinipramine, benzotropin and monoamine oxidase inhibitors.

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# ON THE RELATION BETWEEN CENTRAL NORADRENALINE AND SEROTONIN NERVE TERMINALS AND POSTSYNAPTIC RECEPTORS DURING ONTOGENY

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Previous studies have shown that central noreadrenaline (NA) and 5-hydroxytryptamine (5-HT) neurons undergo marked changes in their postnatal development following a neonatal administration of the neurotoxins 6-hydroxydopamine (6-OH-DA) and 5,7 dihydroxytryptamine (5-HT) respectively (1-6). Treatment with these neurotoxins at birth thus causes marked and permanent NA and 5-HT denervations in distant projections g in the cerebral cortex whereas in cell body near projections in the pons and medulla oblongata there is an increased number of nerve terminals. This rearrangement of the NA and 5-HT nerve terminals have been interpreted to be due to mainly a "pruning effect" (7).

Since the neonatal neurotoxin treatment leads to pronounced changes in the ontogeny of NA and 5-HT nerve terminals where the cerebral cortex and the pons-medulla represent the extreme regions (marked denervation and hyperinnervation respectively) it was thought of interest to study the accumulation of C AMP (adenosine 3',5'-monophosphate) elicited by NA and <sup>3</sup>H 5-HT receptor binding in these regions in the adult stage after a neurotoxin treatment at birth with iew to obtain some information as to the relationship between post synaptic receptor ontogeny and differentiation and maturation of NA and 5-HT nerve terminals.

The basal formation and accumulation of C AMP was similar in 6-OH-DA treated and controls in both regions studied (Fig 1). There was however a marked increase in C AMP formation elicited by NA in the neocortex after 6-OH-DA treatment at birth which can be interpreted as a supersensitivity response following the 6-OH-DA induced NA denervation in this region. I the NA hyper-

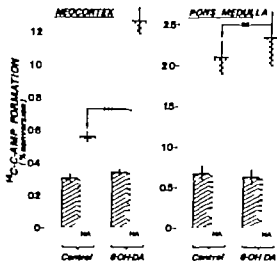


Fig 1 Effect of neonatal 6-OH-DA treatment ( $2 \times 100 \text{ mg/kg s.c.}$ ) on the accumulation of  $^{14}\text{C}$  CAMP in slices from the neocortex and pons-medulla pre-incubated with  $^{14}\text{C}$  adenine ( $14 \mu\text{M}$ ) and thereafter incubated with L-NA ( $100 \mu\text{M}$ ) according to the method of Shimizu et al (8). Each column represents the mean  $\pm$  S.E.M. of 5-6 determinations, expressed as per cent conversion of total radioactivity in the slices to  $^{14}\text{C}$  CAMP. \*\*\*  $p < 0.001$ ; ns = not significant.

innervated region the pons-medulla there was no difference in CAMP formation.

The studies on the in vitro receptor binding of  $^3\text{H}$ -5-HT showed a saturable  $^3\text{H}$ -5-HT binding in both regions investigated (Fig 2). It was consistently found that the 5-HT treatment at birth did not alter the binding characteristics and the maximal number of  $^3\text{H}$ -5-HT binding sites neither in the cerebral cortex nor in the mesencephalon-pons-medulla (Fig 3).

The present results from the cerebral cortex both with respect to CAMP formation and  $^3\text{H}$ -5-HT receptor binding indicate that the postsynaptic receptors develop independent of the presynaptic nerve terminals although it can not be excluded that NA or 5-HT present in the cerebral cortex before the neurotoxin treatment has triggered receptor formation during the postnatal development. The observation in the mesencephalon-pons-medulla that  $^3\text{H}$ -5-HT receptor binding is unchanged after 5-HT treatment are also consistent with the view that the postsynaptic receptor ontogeny is independent of the presynaptic structures.

It has been reported that there is an increased affinity for  $^3\text{H}$ -5-HT binding

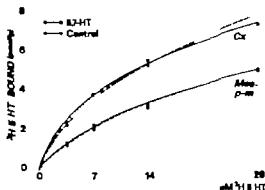


Fig 2 Effect of neonatal 5,7-HT treatment (100 mg/kg s.c.) on the *in vitro* binding of  $^3\text{H}$ -5-HT to homogenates from the cerebral cortex (Cx) and mesencephalon-pontis-medulla (mes. p-m) according to the method of Bennett and Snyder (9). The homogenates were incubated with various conc of  $^3\text{H}$ -5-HT (3.5–28 nM) in the presence (non-specific binding) and absence (total binding) of 10  $\mu\text{M}$  unlabelled 5-HT. The values presented were obtained by subtracting non-specific binding from total  $^3\text{H}$ -5-HT binding. Each point represents the mean of 6–9 determinations.

without any change of number of binding sites in the forebrain after 5-HT denervation in adult rats (9). Such a change was not seen after neonatal 5,7-5-HT treatment in the cerebral cortex in the present study. The reason for this might be related to that 5-HT denervation (50–60% decrease) was not as marked as in the study referred to above. As to catecholamine receptors, it has recently been reported that a 6-OH-DA induced MA denervation in the cerebral cortex of adult rats is associated with an increased number of  $\beta$ -receptors (10).

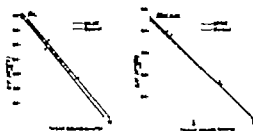


Fig 3 The  $^3\text{H}$ -5-HT binding data from Fig 2 presented in a Scatchard plot for determination of equilibrium dissociation constants ( $K_d$ ) and maximal number of binding sites ( $B_{\text{max}}$ ). Cx:  $K_d$  16 nM and  $B_{\text{max}}$  12 pmol/g. Mes. p-m:  $K_d$  15 nM and  $B_{\text{max}}$  7 pmol/g.



Recent experiments in this lab have also shown that a neonatal 6-OH-DA treatment leads to an increased number of  $\beta$  receptor binding sites in the neocortex (Jonsson unpubl data). Therefore it seems as if a denervation may for certain systems (5-HT ref 9) lead to a change in the affinity of the transmitter to the receptor while for other systems (NA) to an increase in the density of the receptor sites. Both these changes may be of importance for a supersensitivity response following a denervation.

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SPECIES DIFFERENCES IN SEROTONINERGIC INNERVATION AND SECRETORY  
ACTIVITY OF RAT GERBIL MOUSE AND RABBIT SUB-COMMISSURAL ORGAN

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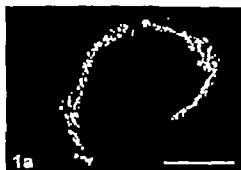
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The subcommissural organ (SCO) is a specialized area of the ependyma attached to the ventral surface of the posterior commissure where it forms the lining of the roof of the cerebral aqueduct at its junction with the third ventricle. The function of the SCO remains obscure but the pronounced secretory activity of the organ is well established. Secretory material of glycoprotein character is released apically into the ventricular fluid and forms the so-called Retzius fibre. In addition, basal secretion into the blood vessels is postulated in some species (cf. 1).

We have recently reported that the SCO of the adult rat receives dense indolaminergic (probably serotonergic) synaptic innervation which seems to inhibit both the synthetic and secretory activities of the specific SCO cells (2). The SCO of the neonatal rat is not innervated but it is not known how the establishment of serotonergic innervation during the second postnatal week (3) affects the secretory activity of the organ. In the present study we have investigated if serotonergic innervation of the SCO exists in a number of rodent species and related this to the secretory activity of the organ in neonatal and adult animals.

The material comprises neonatal and adult rats, mongolian gerbils, mice and rabbits. The animals used for fluorescence histochemistry were pharmacologically pretreated to increase intraneuronal serotonin content (cf. 4, 5) and then processed for fluorescence histochemical detection of monoamines according to Falck and Hillarp (for technical details see 6, 7). Brains used for histochemical detection of secretory material were rapidly removed after decapitation and fixed for 24 hours in formal col. Iux or for 72 hours in Bouin's fixative (8). Serial sections of 3 microns were cut through the entire organ of each animal. The sections were stained with either toluidine blue, periodic acid-Schiff following previous digestion by maltase, or by Bock's chromalum gallcyanide (9).

Fluorescence microscopically, dense uniform plaques of brightly yellow fluorescent nerve fibres is observed in relation to the basal part of the entire SCO of the rat (Fig. 1a). The basal part of the gerbil SCO also receives an indolaminergic input (Fig. 1b) but the



*Figs. 1 b and c. Note the fluorescent innervation (peritonergic) of the adult rat (a) and gerbil (b) SCO. The innervation is more dense and of higher fluorescent intensity in the rat SCO compared to that of the gerbil, while innervation is absent in the rabbit SCO (c). Figs. 2 b and c demonstrate the differences in the distribution of Gomori-positive material. Virtually no reaction is seen in the SCO of the adult rat (2 a, frontal section) while the neonatal gerbil (2 b) and the adult rabbit (2 c) exhibit very strong reaction (sagittal sections). Bars on all figures indicate 100 microns.*

Innervation is more sparse and the nerve fibres exhibit weaker fluorescence than in the rat. In marked contrast to the observations in rat and gerbil we found no evidence of serotonergic innervation of the mouse (not shown) or the rabbit SCO (Fig. 1c). Neonatally none of the investigated species, including rat and gerbil, show indolaminergic innervation of the SCO.

In general two sorts of GAD-positive material can be distinguished histochemically in SCO cells: fine granular substance is found at the level of the nuclei and some strongly reacting large granules accumulate either in the basal processes close to the blood vessels or in the apical processes adjacent to the ventricular surface. A very low reactivity is found in both apical and basal processes of the SCO of adult rat (Fig. 2) and gerbil as opposed to the strong activity found in mouse and rabbit (Fig. 2). In these two species an intensively stained fine granular substance seems to load most cells and in addition strongly reacting granular material is found in both apical and basal processes. The SCO of neonatal rats and gerbils (Fig. 2b) exhibits strong reactivity nearly similar to that found in SCO of adult mouse and rabbit, whereas the organ has lower reactivity in neonatal mouse and rabbit.

The findings of this study indicate an inverse relationship between serotonergic innervation and secretory activity in the SCO. Thus, in animals (rat and gerbil) which postnatally develop serotonergic innervation of the SCO, the secretory activity of the organ will be markedly decreased in the adult. These observations are in line with the results of our experiments with chemically induced denervation of the rat SCO (2) which indicate that the serotonergic innervation exerts powerful inhibition of secretory and synthetic activity of the SCO. We have found that the SCO provides an important model for the study of serotonergic function.

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# OLFACTORY BULB DOPAMINE NEURONS - THE A15 CATECHOLAMINE CELL GROUP

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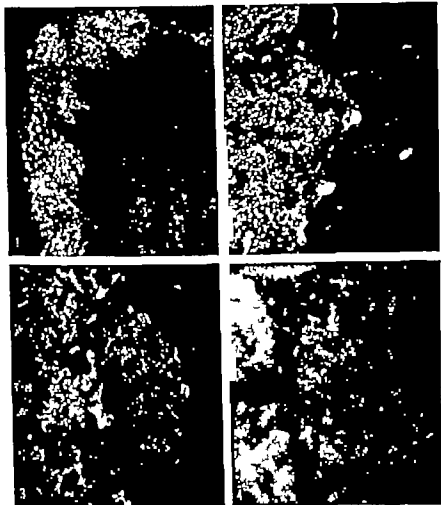
On the basis of the Fick-Hillarp formaldehyde fluorescence method (1) 14 catecholamine containing cell groups have been identified in the rat brain (2). More recently immunocytochemistry has been employed in studies on monoamine neurons. Gaffan and collaborators (3) used an antiserum to dopamine- $\beta$ -hydroxylase (DBH) to identify catecholamine neurons in the peripheral nervous system. Subsequently several groups have applied the same principal approach using not only antibodies to DBH but also to other enzymes in the catecholamine synthesis. In the present communication we focus the attention on the existence of small neurons in the olfactory bulb which contain tyrosine hydroxylase (TH) and dopa-decarboxylase (DDC) but not DBH. This strongly suggests that the olfactory bulb contains dopamine neurons.

Male albino rats were perfused with ice-cold formalin and the olfactory bulbs were dissected out, immersed in the same fixative, rinsed out on a cryostat and processed for the indirect immunofluorescence technique of Coons and collaborators (see 4). Briefly, serial sections were incubated with antiserum to TH, DDC, DBH, or control serum. After rinsing the sections were incubated

with fluorescein isothiocyanate (FITC) conjugated sheep anti rabbit antibodies rinsed mounted and examined in fluorescence microscope. For further details see 5.

After incubation with antiserum to TH (Figs 1-3) and DDC numerous fluorescent cell bodies were observed in the glomerular layer of the olfactory bulb. The cell bodies were localized in the periphery of glomeruli. The interior of the glomeruli contained numerous fluorescent fibers sometimes in continuity with the cell bodies. There was an impression of more DDC than TH immunoreactive fibers. Single fluorescent cell bodies could also be observed in the external plexiform layer after incubation with these two antisera. In addition weakly TH positive fibers were observed in the external plexiform and glomerular layers sometimes also in the glomerular layer. After incubation with DBH antiserum (Fig. 4) no immunoreactive cell bodies were seen but a moderately dense network of fluorescent fibers was observed in the external plexiform and granular layers and occasionally in the glomerular layer.

The present findings give strong evidence for the view that a certain population of so called periglomerular cells (see 6) synthesize and store dopamine extending early studies by Dahlström *et al.* (7) and Lichtensteiger (8) with the formaldehyde fluorescence method indicating the existence of catecholamine neurons in the olfactory bulb. Since 14 catecholamine cell groups have been described so far we suggest that the intrabulbar periglomerular dopamine cells are assigned as the A15 group according to the nomenclature of Dahlström and Fuxe (2). The presence of dopamine synthesizing enzymes in the dendrites of the periglomerular cells as well as



Figs 1-4 Immunofluorescence micrographs of the rat olfactory bulb after incubation with TH antiserum (Fig. 1, 3) or DBH antiserum (Fig. 2, 4). Numerous TH-positive cells and processes are seen in the glomerular layer whereas only a few DBH-positive nerve terminals are present (Fig. 4). Figs 3 and 4 show consecutive sections. Magnifications 100X (Fig. 1) and 250X (Fig. 2-4).



the known dendro-dendritic synapses formed by this type of neurons (see 6) suggest that dopamine may be released from dendrites in the glomeruli

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# SUBCORTICAL AFFERENTS TO THE PREFRONTAL CORTEX: ORGANIZATION OF MESENCEPHALIC DOPAMINERGIC AND MEDIODORSAL THALAMIC PROJECTIONS

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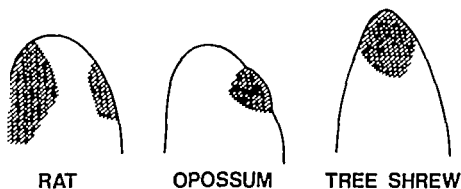
It is now generally agreed that the best definition of the prefrontal cortex (PFC) is the neocortical projection field of the mediodorsal thalamic nucleus (MD; 1, 2). Experiments with cortical ablations have indicated that the PFC plays similar functional roles in brains of widely different species (see ref. 3). In a series of studies (4, 5, 6, 7) we have used the horseradish peroxidase (HRP) technique in combination with fluorescence histochemistry and various types of lesions to describe the subcortical input to PFC. The following gives a brief review of our findings.

In agreement with previous studies (8, 9, 10) MD was found to project densely to the anteromedial cortex and the dorsal bank and lip of the anterior third of the rhinal sulcus in the rat, thus defining the PFC in this species. MD was also shown to project sparsely to the dorso-polar frontal cortex. HRP injections into the subfields of PFC labelled perikarya in different divisions of MD. The injections in the ventral pregenual part of the medial surface labelled predominantly the dorsomedial part of MD, whereas more dorsal placements resulted in labelling of the cells in the lateral and ventral parts. The supragenual injections labelled the cell bodies in the postero-dorso-lateral region of MD, and the injections in the dorsal bank of the anterior portion of the rhinal sulcus produced labelling in the ventro-medial part of the nucleus.

With the HRP technique the cortical projection area of MD was found to coincide closely with that of the dopaminergic neurons in the ventral mesencephalic tegmentum (4, 5, 9, 11). The organization of the dopaminergic projections to PFC in the rat was investigated in more detail. On basis of fibre morphology and distribution of fibres and cell bodies of origin three different dopaminergic terminal systems have been distinguished (Fig. 1). The anteromedial system is formed by smooth axons originating in the medial part of the A10 cell group in the mesencephalon. The axons are distributed mainly in the pregenual part of the anteromedial cortex and the highest fibre density is found in the basal cortical layers. A much more sparse caudal extension of this system is present in the supragenual part of the anteromedial cortex. The suprarhinal system forms the dorsal part of the dopaminergic innervation of the perirhinal cortex surrounding the rhinal sulcus. It can be



**Fig. 1** Schematic representation of the distribution of dopamine-containing terminals in the prefrontal cortex. AM = anteromedial system; SG = supragenual system; SR = suprachinal system.



**Fig. 2** Position of the dopaminergic innervation and the MD projection fields in the frontal lobe of rat, opossum and tree-shrew.

regarded as direct lateral continuation of the anteromedial system and can be followed from coronal level just rostral to the nucleus accumbens to the level of the rostral part of the caudate-putamen. The axons are distributed mainly in the basal cortical layers and have their cell bodies of origin in the dorsolateral part of the A10 cell group. The supragenual system is formed by very fine-varicose axons distributed in a restricted area of the supragenual anteromedial cortex. The axons are localized in the superficial cortical layers (I-III) and the cell bodies of origin are distributed in the ventrolateral A10 and along the mediolateral extent of the substantia nigra (A9).

We have also tried to clarify whether the overlapping projections from MD and mesencephalic dopaminergic cell groups in the rat is accidental or perhaps an exceptional feature of this species or whether there is consistent convergence of the two systems in different mammals. For this purpose the efferent connections of PFC were studied in two species from different orders: the opossum and tree shrew, selected because they are presumed to resemble ancestors of mammals and primates, respectively (12-14). In comparison with the rat, the MD of the tree shrew and opossum projects to topographically different areas of the frontal lobe: the frontopolar and dorsolateral frontal cortex, respectively (Fig. 2). However, disregarding the different positions of PFC in the frontal lobe, the area innervated by MD also receives dense presumed dopaminergic projections from the ventral mesencephalic tegmentum both in opossum and tree shrew. By HRP injections and fluorescence histochemistry the distribution of dopaminergic terminals of mesencephalic origin was shown to conform very well with the MD projection area.

Our studies have shown that in three mammalian species the neocortical projection field of the mesencephalic dopaminergic neurons overlap almost ideally with that of MD. Interestingly, Krettek and Price (15) have shown that also the projection from amygdala converges with that of MD in the rat. In the rat the dopaminergic innervation could be subdivided into three terminal systems with different origins and distribution. Each of these systems converged with the projections from a subgroup of cells in MD. The noradrenergic and serotonergic cell groups are known to have diffuse projection patterns in the neocortex: they innervate diffusely all neocortical areas (16-17). In contrast, the present studies have demonstrated that the mesencephalic dopamine cell groups have regional projection pattern in the neocortex and the dopaminergic innervation highly specific organization.

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# DEVELOPMENT OF DOPAMINE SENSITIVE ADENYLATE CYCLASE IN HIPPOCAMPUS REINNERVATED BY TRANSPLANTED DOPAMINE NEURONS EVIDENCE FOR NEW FUNCTIONAL CONTACTS

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The rat hippocampus is normally lacking any significant dopaminergic innervation. However, following grafting of embryonic mesencephalic tissue to a cavity made in the entorhinal cortex, the dopamine (DA)-containing neurons in the transplant will sprout into the partly denervated hippocampus to form an anomalous DA-containing terminal network, especially in the molecular layer of the dentate gyrus (1). Interestingly, the patterning of the newly-established DA plexus conforms to the terminal fields of the temporo-ammonic perforant path fibres removed by the transplantation lesion. Since these latter fibres are non-adrenergic, possibly utilizing an excitatory amino acid such as glutamate as transmitter (2), these observations suggest that the ingrowing DA neurons might fill the vacated terminal space of non-adrenergic systems.

In the present communication we report some initial findings from a continuing series of experiments aimed at testing whether (i) the experimentally reinnervated hippocampus, the anomalous DA terminal supply would form functionally normal connections despite the lack of dopaminergic synapses in the normal hippocampus. The results show that concomitant with the rise in DA levels in the hippocampus, DA sensitive adenylyl cyclase appears, possibly indicative of development of DA receptors in the reinnervated tissue.

The region containing the mesencephalic DA neuron system was taken from the brain stems of rat embryos (crown-rump length 15-25 mm). The tissue pieces were transplanted into the occipital pole of the cerebral hemisphere of adult female Sprague-Dawley rats, as described previously (3). All recipient rats were prior to transplantation subjected to bilateral intracranial sympathectomy and were given an intraventricular injection of 6-hydroxydopamine (250 µg free base) in order to remove the normal noradrenergic innervation of the hippocampus. In the transplanted rats the hippocampus contralateral to the transplant served as control side. Additional control animals were subjected to (ii) the operational procedures but did not receive transplants. All animals were killed 6-10 weeks after operation.

In order to obtain some quantitative information about the extent and amount of DA ingrowth into the dentate gyrus and hippocampus, samples were taken from the hippocampus

near the site of transplant ingrowth. These samples were assayed for DA or dihydroxyphenylacetic acid (DOPAC) by the use of COMT based enzymatic procedures (4). The tissue content of DA and DOPAC varied widely - particular in terms of the DA content of the re-innervated hippocampus (Table 1). The DA values were in range between 0.1-2.0  $\mu\text{g}/\text{gram}$  presumably reflecting variations in extent of reinnervation, survival of the transplants, and position of the sample taken for assay in relation to the ingrowth site. The average content of DA 0.81  $\mu\text{g}/\text{gram}$  (see Table 1) is in the range found for the septum or the central nucleus of the amygdala (5) and reflects a moderate dopaminergic innervation. This concentration is however considerably less than in DA-rich areas such as nucleus accumbens, neostriatum or olfactory tubercle.

The levels of DOPAC in the hippocampus were considerably lower (Table 1) and were more consistent with areas such as frontal cortex having only minor DA innervation (6). As the DOPAC determinations were carried out on separate series of rats it is not known if these samples were just poorly innervated or whether the low level of DOPAC were due to low amounts of DA being released from the terminals.

Table 1

Dopamine and DOPAC levels in reinnervated and normal hippocampus. Means  $\pm$  S.E.M.  
Number of determinations in brackets =  $p < 0.05$  (t-test)

	Normal hippocampus ( $\mu\text{g}/\text{gram}$ )	Reinnervated hippocampus ( $\mu\text{g}/\text{gram}$ )
Dopamine	0.025 $\pm$ 0.004 (6)	0.81 $\pm$ 0.36 (8)
DOPAC	0.022 $\pm$ 0.003 (8)	0.046 $\pm$ 0.006 (8)

All tissues so far studied which are known to receive DA inputs contain DA sensitive adenylate cyclase which is believed to be linked to the postsynaptic DA receptor (7). It was thus of great interest to see if the ingrowth of DA terminals into the hippocampus resulted in the appearance of a DA sensitive adenylate cyclase within the reinnervated tissue. In many cases addition of DA (100  $\mu\text{M}$ ) to homogenates of the reinnervated hippocampus resulted in stimulation of the enzyme activity which could be blocked by  $\alpha$ -flupenthixol ( $10^{-6}\text{M}$ ) (Table II A and B). The maximum stimulation was about 100 % above basal value with an average of 45 %. This response like the DA content of the hippocampus was

Table II

Dopamine-sensitive adenylylate cyclase in reinnervated and control hippocampus and in striatum.<sup>1)</sup> Means  $\pm$  S.E.M. Number of determinations in brackets. \*  $p < 0.05$  (paired t-test)

A Cyclic AMP production (pmoles/2.5 min/mg protein)

	Basal	+ DA ( $10^{-4}$ M)	+ DA ( $10^{-4}$ M) + + $\alpha$ -flupenthixol ( $10^{-6}$ M)
Control side	67.3 $\pm$ 5.3 (16)	72.5 $\pm$ 8.3 (16)	
Transplant side			
exp 1	66.6 $\pm$ 7.2 (8)	96.6 $\pm$ 12.2 (8)	
exp 2	79.5 $\pm$ 5.7 (6)	92.2 $\pm$ 9.4 (6)	77.7 $\pm$ 2.6 (6)
Striatum	122.0 $\pm$ 6.6 (8)	204.0 $\pm$ 15.3 (8)	125.0 $\pm$ 1.6 (4)

B Range of adenylylate cyclase activity in 14 reinnervated hippocampi (units as in A)

Rat No	Basal	+ DA ( $10^{-4}$ M)	Rat No	Basal	+ DA ( $10^{-4}$ M)
1	66.0	86.4	8	93.0	174.0
2	81.0	96.0	9	57.5	59.5
3	52.5	49.5	10	96.0	126.0
4	58.5	84.0	11	88.5	88.5
5	24.0	36.0	12	90.0	90.0
6	55.5	54.0	13	63.0	96.0
7	61.5	72.0	14	57.0	99.0

<sup>1)</sup> Adenylylate cyclase activity was determined with the method of Kebabian et al. (8)



variable and was not seen in several animals (Table II B) nor in control animals with entorhinal lesion alone. The absence of this effect in lesioned controls indicates that it is not due to a nonspecific response of the tissue to the operative procedures. Although the response is to DA and is blocked by  $\alpha$ -flupenthixol, dose-response curves and responses to  $\beta$ -blockers and  $\beta$ -receptor stimulants are being carried out to further characterize the receptor involved. However, the occurrence of this response in homogenates and the blockade of the response by  $\alpha$ -flupenthixol makes it likely that we are dealing with a DA receptor linked adenylate cyclase (see ref. 7).

Current evidence is consistent with the belief that the DA sensitive adenylate cyclase is linked to the postsynaptic DA receptor (7). If this is the case, too, in the experimentally reinnervated hippocampus, then this may be the first example of an actual induction of a new postsynaptic receptor after reinnervation of a normally non-dopaminergic terminal area. Experiments are now in progress to investigate the location of this DA sensitive adenylate cyclase.

#### Acknowledgements

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# THE ORIGIN OF SUBSTANCE P AND ACETYLCHOLINE PROJECTIONS TO THE VENTRAL TEGMENTAL AREA AND INTERPEDUNCULAR NUCLEUS IN THE RAT

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In 1931 Von Euler and Gaddum reported the existence of vasoactive peptide substance P in the brain and gut (1). The isolation and synthesis of substance P by Leeman and her colleagues (2, 3) has allowed the application of sensitive radio-immunoassay and immuno-histochemical techniques to the study of the distribution of substance P in the central nervous system (CNS). Substance P like material is concentrated in specific regions of the rat CNS where it is localized in neuronal cell bodies and terminals from which substance P like material can be released by calcium-dependent mechanisms (4). More recently vesicular localization of substance P has been demonstrated (5, 6). These observations are consistent with the view that substance P is neurotransmitter in number of neuroanatomical pathways (7).

In earlier work in parallel with other groups we reported the existence of habenular-interpeduncular pathway containing both substance P like material and choline acetyltransferase (CHAT) cholinergic marker enzyme (8). In this report we describe further work which allowed us to dissociate the cholinergic and substance P projections to the interpeduncular area.

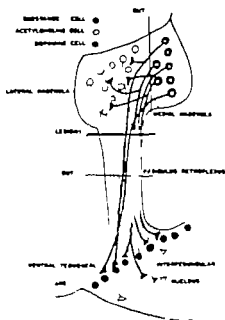
Male Sprague-Dawley rats (300 g) were subjected to micro-knife lesions designed to (a) separate the medial and lateral habenular nuclei unilaterally or (b) to sever the fasciculus retroflexus unilaterally. Animals were sacrificed at different times after these lesions and the following nuclei dissected: ipsi- and contralateral medial and lateral habenular nuclei, fasciculus retroflexus above the transection and the ventral tegmental area-interpeduncular nucleus region. Samples were homogenised and extracted for assay of substance P like material (9) or for assay of ChAT (10).

The results of experiments designed to separate the medial habenular nucleus from the lateral habenular nucleus are shown in Table 1. This lesion (cut 1, Figure 1) which isolates the medial nucleus from the lateral nucleus and transects the efferent pathway from the medial nucleus along the fasciculus retroflexus depleted the medial nucleus of its content of ChAT but not of substance P. The lateral nucleus which retains its projection to interpeduncular area was depleted of substance P but not of ChAT. In the interpeduncular area

**Table 1** ChAT activity and substance P levels in the habenula-ventral tegmental pathway after selective lesions as shown in Fig. 1. Each value is the mean of at least 4 determinations

	REGION	ChAT % of control	Substance P % of control
Lesion 1	Ventral tegmental area	9.5	28.6
	Medial habenula	23.1	105.2
Cut 1	Lateral habenula	107.6	57.1
	Ventral tegmental area	116.2	48.0
	Habenula	113.2	109.9
Cut 2	Fasciculus retroflexus	189.9	225.0
	Ventral tegmental area	41.0	54.7

**Figure 1** Projection of Substance P and acetyl choline containing neurons from the habenula to the ventral tegmental-interpeduncular area



significant depletion of substance P was observed but not of ChAT. Experiments transecting the fasciculus retroflexus (cut 2, Figure 1) however, depleted the interpeduncular area approximately equally of its substance P and ChAT content and produced an accumulation of substance P and ChAT above the knife cut (Table 1) (10).

These results taken together with parallel histochemical studies of AChE and substance P distribution (11) indicate that the medial habenular nucleus contains substance P neurons which project via the fasciculus retroflexus to the ventral tegmental area (see Figure 1). These neurons also send substance P containing axons or collaterals to the lateral habenular nucleus. The substance P projection from the medial habenular nucleus is mainly to the ipsilateral lateral ventral tegmental area where it corresponds to the organization of the dendrites of the dopamine cells in this area (11), an interesting parallel with the substantia nigra where the striato-nigral substance P projection also parallels the distribution of DA dendrites in the substantia nigra. The lateral habenular nucleus sends cholinergic efferents via the fasciculus retroflexus which terminate evenly throughout the interpeduncular nucleus and axons or collaterals which also innervate the medial habenular nucleus. Our proposed scheme of organization of the habenulo-ventral tegmental area-interpeduncular nucleus projections is illustrated in Figure 1. The ability to dissociate substance P and cholinergic projections to the interpeduncular area indicates that the suggestion made by Mraz et al (13) that both substance P and acetylcholine might be in the same neurons in the habenula is incorrect and that in the rat CNS at least, Delellis (14) is still intact.

#### Acknowledgements

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# DESTRUCTION OF AMINE ACCUMULATING NEURONS IN RABBIT AND GOLDFISH RETINA

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When the fluorescence microscopical method of Falck and Hillarp was introduced it was soon discovered that there was a previously unsuspected set of dopamine containing neurons in the rat retina (1, 2) and continued studies have shown them to occur (with some variations) in all vertebrates (3). Recently a system of indoleamine accumulating neurons has also been discovered (4, 5). The transmitter of these neurons is not accurately known but is most likely an indoleamine perhaps serotonin. In any event these neurons are demonstrable in the fluorescence microscope only after intracocular injections of indoleamines. They then show yellowish fluorescence but the dopaminergic neurons also accumulate some of the indoleamines and therefore also get a yellowish colour. Normally the dopaminergic fibres show greenish fluorescence but when they have accumulated an indoleamine they may be very difficult to distinguish precisely and in detail from the proper indoleamine accumulating neurons particularly when the two types occur together in dense networks like they do in the inner plexiform layer. Further the methods available for making aminergic neurons visible in the electron microscope (6, 7) does not distinguish between the two types. There was therefore a need for procedures that can remove either the dopaminergic or the indoleamine accumulating neurons. Further very little is known about the function of either neuron type in the retina. A classical approach for functional analysis is to remove the structure under investigation and to study the ensuing defects in the function. Methods for removal of the aminergic neurons are thus of importance also from this point of view.



## A CATECHOLAMINERGIC NEURON CONNECTING OPTIC NEUROPILES OF CRAYFISH

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**Introduction.** The understanding of the visual integration processes in arthropods has been enhanced by the characterization of neuron types using the selective Golgi silver impregnation technique (1, 2). With the histochemical fluorescence method of Falck-Hillarp (3, 4) the presence of specific and distinctly localized green fluorescent layers in the optic neuropiles of insects and crustaceans was demonstrated (5). With the introduction of exogenous catecholamines after reserpine treatment the neuronal uptake is cytoplasmic and the histochemical fluorescence method reveals the whole neuron. Thus, a comparison can be made between the results obtained on neuronal topography with the silver impregnation and fluorescence techniques. The present investigation, aided by ultrastructural analyses, has attempted this and the results have revealed a difference in this case between the neuron types found with these two techniques.

**Material and Methods.** The crayfish *Pacifastacus leniusculus* was used in the experiments.

With repeated administration of 10–25 mg of reserpine (Serpasil<sup>®</sup>, CIBA) per kg body weight on three consecutive days, the fluorescence in the optic neuropiles disappeared. On the fourth day the excised optic neuropiles were incubated at room temperature in 0.1–0.2 µg/ml  $\alpha$ -methylnoradrenaline or 1.2 µg/ml dopamine with 0.2 µg/l ascorbic acid in crustacean saline (6) for 30 min. After this treatment the normal procedure with freeze-drying, paraformaldehyde vapour treatment and embedding in paraffin followed (for details see 4). For electron microscopy an aldehyde prefixative according to Karnovsky (7) was used (3 hours). Postfixation followed with 2 % OsO<sub>4</sub> for two hours. Cacodylate buffer was used throughout. The tissue was blockstained with 1 % phosphotungstic acid and 0.5 % uranyl acetate and finally embedded in Vestopal W.

**Results.** The two distal optic neuropiles in the eyestalk of *Pacifastacus leniusculus*, the lamina ganglionaris and the medulla externa (Fig. 1) are of special concern in this investigation. They are connected by different kinds of neurons forming a chiasma (8). These neuron types are recently characterized in a Golgi study on the lamina by Nilsson (2). Seven of the eight photoreceptor



axons terminate in two substrata ( $epl_1$  and  $epl_2$ ) of the first plexiform layer (lamina). The five types of monopolar neurons connecting the lamina with the medulla branch in one or both of these substrata. Two types of lamina-medulla tangential neurons have been found and these are of special interest in this investigation. Further multipolar and centrifugal neuron types have been described but these are not further considered here.

In the histochemical fluorescence method of Falck-Hillarp a green fluorescent compound is formed which invariably appears as a broad distal band followed by two thinner bands proximally in the medulla externa. Only rarely is a fluorescence found in part of the lamina and never in the chiasma.

Administration of exogenous catecholamines after reserpine treatment makes the fluorescence picture more complete (Fig. 1). The lamina ganglionaris, the chiasma and the same layers of the medulla as mentioned above show an intense fluorescence which is also the case with a large number of cell bodies in the cell-body layer belonging to the medulla externa. The arborizations of the catecholaminergic neuron type within the lamina consist of axons penetrating the whole thickness of the lamina and giving off lateral branches in two strata, one in the distal and one in the proximal margin. The termination in the medulla externa constitutes the broad fluorescing distal layer of that optic neuropile. Each fibre seems to have a restricted lampbrush like terminal extending the complete depth of the stratum (Fig. 1).

Ultrastructural investigations of the normal lamina ganglionaris display fibre profiles containing dense vesicles. Two types of fibres can be distinguished by their different vesicle content. Type 1 has true dense core vesicles. Type 2 is presumed to be neurosecretory. The overall picture gained of the spatial arrangement of type 1 fibres shows an axon entering the lamina and splitting up into a proximal and a distal layer of branches. It is obvious that this correlates well with the pattern seen in the fluorescence microscope.

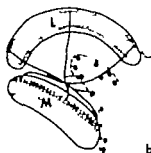


Fig 1 a) Horizontal section through the lamina ganglionaris (L) and the medulla externa (M) incubated in dopamine after reserpine treatment. Only the distal thick fluorescent layer is seen in the somewhat obliquely sectioned medulla (scale 100  $\mu$ m)

b) A schematic drawing of the same portion illustrating the catecholaminergic tangential neuron. Dotted areas indicate green fluorescence, hatched areas cell-body layers, and open circles fluorescent cell bodies.

Discussion The catecholaminergic neuron type characterized in the present investigation is identical with that which only partially fluoresces in the standard Falck-Hillarp method. The spatial distribution of the fluorescence in the medulla and lamina along with the ultrastructural findings of normal lamina ganglionaris (type 1 fibres) supports this idea. The catecholaminergic neuron type will be designated as the catecholaminergic tangential neuron (CTN). Two such types (Tan<sub>1</sub> and Tan<sub>2</sub>) have been described previously from the lamina of *Pacifastacus leniusculus* (2). They differ from CTN and it is thus a new tangential T neuron type. It is to be noted in this context that the CTN is not visualized in Golgi preparations. Although catecholaminergic neurons may accept silver, they are less likely to do so. For the present the two techniques can be said to complement one another to a significant degree.

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## Section II

### EXTRINSIC INNERVATION OF THE CEREBROVASCULAR BED



# SYMPATHETIC INNERVATION AND ADRENERGIC RECEPTORS IN INTRAPARENCHYMAL CEREBRAL ARTERIOLES OF BABOON

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Ampl. evidence has demonstrated that the pial arterial system of several mammals, including humans, is innervated by autonomic nerves and that the vascular tissue possesses  $\alpha$ -adrenoceptors (1). The present experiments on baboons were undertaken to evaluate to which extent the intraparenchymal arterioles in various regions are innervated and have  $\alpha$ -adrenoceptors.

Several brain regions were dissected out and immediately frozen to the temperature of liquid nitrogen. The specimens were freeze-dried, treated in formaldehyde gas for 1 hr at 80°C, sectioned at 6  $\mu$ m thickness and processed for fluorescence microscopy (2).

The network of sympathetic/adrenergic nerves enclosing the pial arteries accompanied several of the arterial branches as they issued into the brain parenchyma (Fig. 1a) and innervated arteriolar branches could be followed deep in the brain (Fig. 1b). The pattern of innervation showed regional heterogeneity as demonstrated in Fig. 2.

Intracerebral arterioles in the anterior part of the brain were dissected out and placed in ice-cold oxygenated Krebs-Ringer buffer solution. Five mm long segments were mounted between two L-formed metal prongs for recording of circular vasomotor activity as previously described (3).

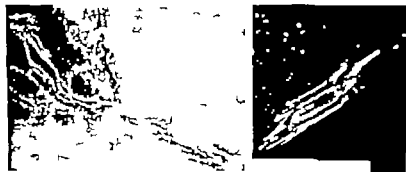


Fig. 1. Fluorescence photomicrographs of sections from the cerebral cortex of baboon showing (left, X 225) penetration into the parenchyma of sympathetically innervated branch from pial artery and (right, X 350) longitudinally sectioned segment of a parenchymal arteriole with well-developed adrenergic innervation running deep in the cortex.

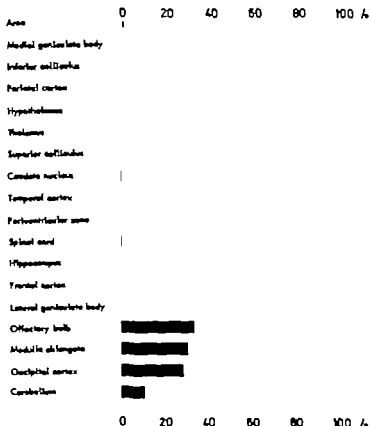


Fig. 2 Fluorescence microscopic estimation of the percentage of arterioles in various brain regions of baboons supplied by adrenergic sympathetic nerves

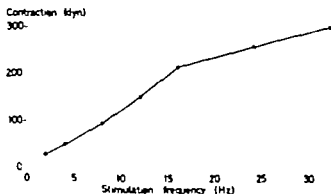


Fig. 3 Transmural electrical stimulation (12 V and 1 msec pulse duration) of the adrenergic nerves in a pial artery from baboon producing frequency-dependent contractile response of the vessel

Electrical field stimulation induced vessel contraction whose strength increased with increasing stimulation frequency (Fig. 2). This effect could be antagonized by the presence of the specific alpha-adrenergic blocking agent phentolamine. In the organ bath the vascular segments were also contracted in a dose-dependent manner by noradrenaline, the effect being inhibited in a competitive manner by increasing doses of phentolamine. Provided the vessels had been given an active tone (isoprenaline) increasing doses dilated the arterioles. This response was inhibited by the beta-blocking agent propranolol.

Conclusions: Intraparenchymal vessel fibroblasts are innervated by sympathetic adrenergic nerves. There is regional heterogeneity in the extent of innervation, probably related to varying regional flow responses to sympathetic activation or sympathomimetic compounds. The vascular effects of sympathomimetic agents are mediated by constrictory alpha-receptors and dilating beta-receptors.

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# IMMUNOHISTOCHEMICAL DEMONSTRATION OF VASODILATORY PEPTIDERGIC NERVES IN BRAIN

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In the course of electron microscopic studies on the pial vascular innervation (1) nerve terminals were found whose content and structure of synaptic vesicles did not conform with either adrenergic or cholinergic nerves. Further attempts to identify peptidergic nerves in relation to brain vessels gave positive results with vasoactive intestinal peptide (VIP) which could be localized in cerebrovascular nerves by immunofluorescence. VIP is a potent hypotensive and vasodilatory agent first isolated from porcine small intestine and shown to have an amino acid sequence related to that of secretin, glucagon and gastrin inhibitory polypeptide.

Antisera to porcine VIP covalently bound to bovine serum albumin were raised together with Freund's complete adjuvant in rabbits. The antigen-antibody reaction was revealed with fluorescein isothiocyanate-labelled sheep anti-rabbit IgG. The VIP antiserum employed has previously been well characterized (2, 3). No cross-reactivity with number of polypeptide hormones including somatostatin and substance P was found. The antiserum was inactivated by the addition of porcine VIP. Seven different VIP antisera were tested at the immunohistochemical level and all produced staining of the perivascular nerves.

Fibres containing VIP-immunoreactivity were seen in the adventitia or adventitia-media border of most of the pial vessels (Fig. 1). A moderate number of single fluorescent fibres, or small fibre bundles, ran long and close to the vertebral arteries. In the basilar artery the fibre branches extended more deeply into the vessel wall. Only very few immunoreactive fibres were associated with the superior cerebellar arteries. A much richer supply was found in the anterior portion of the circle of Willis. Thus, very well-developed plexus of fluorescent fibres with beaded (varicose) appearance enclosed the anterior cerebral artery. An almost equally dense plexus of VIP-immunoreactive fibres was found in the wall of the proximal portion of the middle cerebral arteries, posterior communicating arteries, and in the small arterial branches derived from this area. Occasionally immunoreactive fibres have also been observed along intracerebral vascular branches. Cell bodies with VIP-immunofluorescence were present in the superior cervical sympathetic ganglion.



Fig. 1 VIP immunoreactivity in transversely sectioned anterior cerebral artery from cat. The picture is composed of two adjacent sections and shows numerous delicate nerves (some indicated by arrows) enclosing the vessel in the adventitia-media border. Magnification 190 X.

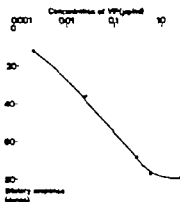


Fig. 2 Dose-related dilatation of cat middle cerebral artery *in vitro* in the presence of VIP added in a cumulative way. The vessel was given an initial active tension of 200 dynes by  $3 \cdot 10^{-6}$  M of serotonin.

VIP produced strong dose-dependent vasodilatation of isolated cat seldid cerebral artery in vitro (Fig. 2) in the same order of magnitude as that produced by acetylcholine or isoprenaline. However, the effect does not seem to be mediated by  $\beta$ -adrenergic or cholinergic muscarinic receptors.

Conclusion Immunohistochemistry has revealed hitherto unknown systems of peptidergic cerebrovascular nerves with dilatory effects.

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# INFLUENCE OF THE CEREBROVASCULAR SYMPATHETIC INNERVATION ON BLOOD-BRAIN BARRIER FUNCTION

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The brain vascular bed receives an ample supply of sympathetic adrenergic nerves originating in the superior cervical ganglia (1). These nerves may, at least during certain conditions, modify the cerebral blood flow (2). There is evidence supporting the assumption that the nerves have physiological role reflected in, for example, the recent observation that stimulation of the cerebral sympathetic nerves extends the upper limit of autoregulation towards higher blood pressure (3, 4).

The influence of the cerebrovascular sympathetic nerves on another cerebrovascular function, the blood-brain barrier, was studied using Evans blue-albumin complex as marker during angiotensin-induced acute systemic hypertension. Male Sprague-Dawley rats were anesthetized with a mixture of 70 %  $N_2O$  and 30 %  $O_2$ . The left femoral artery was cannulated for recording of mean arterial blood pressure (MABP) and for measurements of  $P_{CO_2}$  and  $P_{O_2}$ . The adjacent femoral vein was also cannulated and used for injections. A rise in MABP by 80-120 mm Hg to disrupt the blood-brain barrier was induced by an intravenous bolus injection of angiotensin seskide (Hypertensin, CIBA, 50-125  $\mu g/kg$  in 0.10-0.25 ml). The substance does not in itself cause any extravasation of Evans blue in brain vessels (5). Although an enhanced permeability through the endothelium has been demonstrated in peripheral vessels (6), an acute rise in MABP of this magnitude (80-120 mm Hg) is possible to obtain only if the blood pressure is lowered beforehand (see Table 1). In this study by dihydralazine methanesulphate (Napresol, CIBA, 800  $\mu g/kg$  in 0.5 ml i.v. 5-10 min before angiotensin), which lowers the tone of vascular smooth musculature. The compound has not been shown to change vascular permeability, nor does it interfere with the perivascular sympathetic innervation or with the autoregulation of the cerebral blood flow.

A patchy and dot-like extravasation of Evans blue (1 ml of 2 % solution given i.v. about 10 min beforehand) was noted to similar extent in surface structures of both hemispheres (Table 1). The barrier damage is believed to be caused by pressure-forced overdistension of the vessel walls (7). One to three days after unilateral sympathectomy, an acute rise in systemic blood pressure resulted in more marked barrier damage on the sympathectomized side than on the contralateral side of the brain. On the other hand, marked acute

Table 1. Effect of acute systemic hypertension on blood-brain barrier function as shown by the degree of Evans blue-albumin extravasation, which expressed quantitatively from 0 (no extravasation) to +++ (marked patchy and dot-like extravasation). The hypertension was induced by angiotensin. Details provided by 2-hydroxyethane sodium sulfonate. Values for mean arterial blood pressure (MABP) are means  $\pm$  S.E.M., number of animals

Treatment		rest MABP (mm Hg)	MABP after dihydrochloride (mm Hg)	MABP increase after angiotensin (mm Hg)	Blood-brain barrier leakage			
					+++	++	+	0
<u>Systemic acute hypertension</u>								
control	30	147 $\pm$ 2	86 $\pm$ 2	91				4
right sympathetic ectomy	12	144 $\pm$ ..	89	94 $\pm$ 3	1			3 3
<u>Isolated acute hypertension</u>								
control	11	143	86	2			0	3
right sympathetic circulation		143 $\pm$ ..	89 $\pm$ 2	2 $\pm$ ..	3		2 2 2	

rise in systemic blood pressure during electrical stimulation (30 V, 15 Hz, 1 msec pulse duration) of the right cervical sympathetic chain below the superior cervical ganglion was associated with only minor, if any, barrier damage on the stimulated side (Table 1).

The results support the view that the cerebrovascular sympathetic nerves protect the cerebral circulation during acute hypertension, not only with regard to the limits of autoregulation but also in terms of barrier disruption. It is probable that after cervical sympathectomy the wall of the resistance vessels becomes less well prevented from overdistension when the systemic blood pressure is acutely raised.

The passage of noradrenaline and inulin from the cerebrovascular circulation into the brain (vessel wall and parenchyma) was studied quantitatively and regionally by modification of Oldendorf's technique (8) for determination of brain uptake index (BUI). The index was determined in sympathectomized rats (3 days after excision of the superior cervical ganglion) and compared with non- or sham-operated controls. For noradrenaline, BUI was enhanced about two-fold (Table II). The uptake index for an inert substance, inulin, was similarly enhanced after sympathectomy (Table II), indicating that the increased uptake was not merely due to change in local demand of neurotransmitter, but more likely reflected a true impairment of blood-brain barrier function. Further, in 5 out of 10 of the animals

Evans blue, a discrete patchy extravasation of the Evans blue-albumin complex was noticed in cortical structures on the sympathectomized side. Since the anesthesia obtained by the  $N_2O/O_2$  mixture is light, it is possible that the cannulated and tracheotomized animal is in a state of stress, which is supported by the fairly high resting level of MABP in these animals (see Table I). Therefore, one possible explanation for the findings at the level of the blood-brain barrier is that the elevation in blood pressure occurring during

Table II. Sympathetic Index (S.I.) for normotensive and hypertensive animals of unoperated and sympathectomized rats. Values are mean number of vessels. Student's t-test comparison between unoperated and operated on rats. S.I.,  $\pm$  SE. NS, non-significant.

	Experimental	Partial section	Partial section	Complete section	Complete section	Student's
NORMOTENSIVE	Unoperated animals	48 27	36 44	4,44 $\pm$ 0,45	53 0,38	89 $\pm$ 48
	Sympathectomized, 3 days	46 18	4,14 21	4,12 $\pm$ 0,25	3,37 $\pm$ 0,19	79 0,10
	Sympathectomized, 3 days	8,87 $\pm$ 0,32 <sup>NS</sup>	8,5 0,32	10 37 83	51 0,10 <sup>NS</sup>	89 <sup>NS</sup>
	Sympathectomized, 3 days	10 $\pm$ 0,52	8,48 $\pm$ 0,48 <sup>NS</sup>	8,36 $\pm$ 0,34 <sup>NS</sup>	4,63 39	4,37 47
HYPERTENSIVE	Unoperated animals	1 44 $\pm$ 0,46	0,57 0,17	78 $\pm$ 0,48	67 0,13	78 $\pm$ 19
	Sympathectomized, 3 days	87 1,6 <sup>NS</sup>	91 0,37 <sup>NS</sup>	73 34 <sup>NS</sup>	70 $\pm$ 0,38 <sup>NS</sup>	2,78 $\pm$ 0,11 <sup>NS</sup>

manipulation with the animal is sufficiently prominent to cause overdistension of the walls of the resistance vessels when they are devoid of their sympathetic innervation. Another possibility that may have to be taken into consideration is that the barrier functions of the capillary endothelium which appears to have contractile properties (9) are directly influenced by the nerve endings demonstrated by electron microscopy to be in close approximation to the capillary wall (10).

Conclusions: The cerebrovascular sympathetic nerves are important for the maintenance of normal blood-brain barrier functions in situations with sudden marked elevations of the blood pressure causing an overdistension of the vessel wall.

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# IMMUNOHISTOCHEMICAL DEMONSTRATION OF ACTIN AND MYOSIN IN BRAIN CAPILLARIES

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There is evidence, especially from electron microscopic studies (1) that brain capillaries are innervated by non-myelinated, probably adrenergic, nerve terminals. In order to show whether such nerves have vasomotor function at the capillary level, primary requirement would be the demonstration of contractile proteins in the capillary endothelium. We have for the first time accomplished this by the use of specific antisera to highly purified fractions of smooth muscle actin and myosin, applied to immunofluorescence histochemistry.

Sections from rat hypothalamus and cerebellum were prepared in cryostat. They were incubated for 30 min at room temperature with specific gamma-globulin-enriched rabbit antibodies and corresponding controls as follows: ( ) antiserum raised against purified myosin from chicken gizzard smooth muscle; (b) antiserum to actin purified from acton powder of chicken gizzard muscle; (c) antibody to the smooth muscle myosin previously adsorbed to chicken gizzard myosin; (d) the same antibody adsorbed to striated muscle (pectoralis) myosin; and (e) normal non-immune rabbit gamma-globulin. After washing, fluorescein-labelled sheep anti-rabbit immunoglobulin was added. Further controls were incubated with this second antibody alone. Biochemical and technical details are found elsewhere (2,3). Adjacent sections (from animal receiving L-dopa) were treated according to the glyoxylic acid method for the demonstration of dopamine. This is formed in high concentrations from the L-dopa, which is selectively trapped in the capillary walls by an enzymatic blood-brain barrier mechanism (4).

Incubation of brain sections with specific antibodies against smooth muscle myosin followed by fluorescein-labelled anti-gamma-globulin sera gave intense fluorescence in the smooth muscle wall of pial arteries and arterioles. The fluorescent vessels issued branches into the hypothalamic and cerebellar parenchyma. The parenchyma contained a network of myosin-fluorescent capillaries (Fig. 1) whose identity could be established by comparing with adjacent sections showing capillary dopamine fluorescence after administration of L-dopa (4). The fluorescence intensity in the capillary walls was lower than that of the precapillary vessels. The immunofluorescence was located both in pericytes or under



Fig. 1 Fluorescence photomicrographs showing myosin immunoreactivity in the wall of capillaries (some indicated by arrows) and arterioles (A) of rat's hypothalamus. Magnification 125 X.

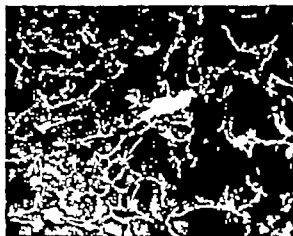


Fig. 2 Arteriolar vessel (A) and sinusoidal capillaries displaying myosin-specific fluorescence in the fasciculate zone of the rat adrenal cortex. Arrows point to some of the fluorescent endothelial cells. Magnification 250 X.

thelial cells. Also the venules and veins exhibited a myosin fluorescence in their walls of the same intensity as that seen in the capillary wall. Sections incubated with anti-actin showed similar fluorescence distribution in the vessel including the capillary wall. Incubation with myosin antibodies previously adsorbed to striated muscle myosin gave more distinct fluorescence than that obtained with myosin antibodies alone and the greenish background was reduced. Previous adsorption to smooth muscle myosin completely extinguished the fluorescence. Control sections incubated with either normal non-immune goat globulin or the second fluorescein-labelled antibody were completely negative.

The presence of actin and myosin has been confirmed in vessels of the adrenal gland (Fig. 2) indicating that also peripheral capillaries have contractile properties. The findings offer new aspects on the dynamics of flow and permeability in certain vascular beds.

Conclusion It has for the first time been demonstrated that contractile proteins — actin and myosin — are located in pericytes and endothelial cells of brain capillaries and also in peripheral capillaries in the adrenal gland.

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# CHANGES IN SENSITIVITY OF CEREBRAL VESSELS TO NORADRENALINE AND 5-HYDROXYTRYPTAMINE IN THE PRESENCE OF SUBARACHNOID BLOOD

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Cerebral vasospasm due to the presence of blood in the subarachnoid space following the rupture of an intracranial aneurysm is still a baffling problem in confronting the neurosurgeon and the pathophysiology is far from understood (1).

In the present study the change induced by 1 ml autologous blood injected into the subarachnoid space in the orbit was studied in the rabbit basilar artery. The blood injection produces angiographically visible spasm of the artery. During in vitro conditions (2) the contractile activity of noradrenaline (NA) and 5-hydroxytryptamine (5-HT) was determined in normal arteries and in arteries exposed to subarachnoidal blood for 3 days. Three days after the intracisternal blood injection the NA fluorescence demonstrated by the Falck-Hillarp technique was reduced in the nerves of 11 plac arteries at the base of the

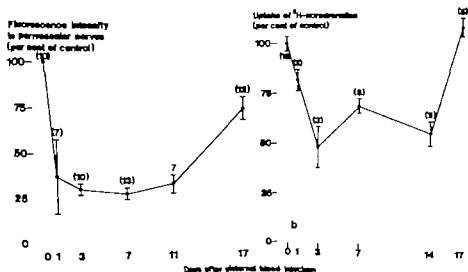


Fig. 1 (a) Fluorescence microscopical estimation of relative fluorescence intensity of the adrenergic nerves (Falck-Hillarp method) in the internal carotid and middle and anterior cerebral arteries at various time intervals following internal injection of blood. Number of animals examined within parentheses. (b) Relative uptake of  $^3\text{H}$ -noradrenaline in middle and anterior cerebral arteries incubated during 10 min at  $37^\circ\text{C}$  in an ascorbic acid concentration of  $10^{-7}\text{M}$ . Number of animals from which tissues were obtained within parentheses. Day 0 represents samples from untreated animals.

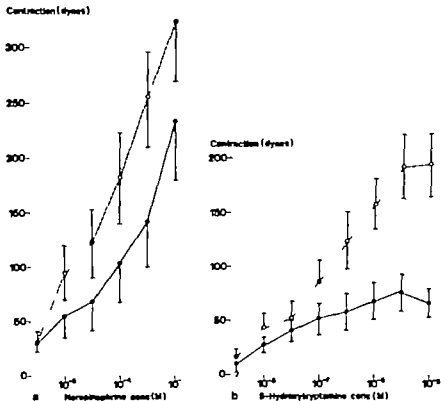


Fig. 2 Dose-response curves showing the relative *in vitro* sensitivity to noradrenaline (a) and 5-hydroxytryptamine (b) in normal rabbit basilar arteries (filled circles) and in arteries from animals treated with intracisternal blood 3 days before the test (open circles). The curves represent mean values  $\pm 5 \text{ E. M.}$  of 10 animals.

brain (Fig. 1) in accordance with this the chemically determined vascular concentration of NA was reduced. Concomitantly the capacity of the perivascular nerves to take up and retain  $^3\text{H}$  NA was markedly impaired (Fig. 1b). A normalization was seen after about 2 weeks.

Cumulative dose-response curves were obtained for NA and 5-HT (3). In non-treated vessel the  $\text{ED}_{50}$  was lower for 5-HT whereas the  $\text{E}_{\text{Am}}$  (maximum contraction) was much more pronounced for NA. After exposure to blood for 3 days the NA dose-response relationship was shifted towards lower concentrations (Fig. 2) an effect also observed after sympathectomy (4) thus resembling the situation occurring during denervation receptor supersensitivity. The situation with the dose-response curve of 5-HT was different in that the maximum contractile effect ( $\text{E}_{\text{Am}}$ ) was increased by about 4-5 times (Fig. 2b). This potentiation of the 5-HT contraction by subarachnoidal blood is still unclear. It can be assumed that these

Increases in arterial sensitivity play a role in the development of cerebral vasospasm following subarachnoidal bleeding

Conclusion Subarachnoidal blood — including subarachnoidal hemorrhage — denervates pial vessels and increases their sensitivity to both noradrenaline and serotonin

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# HISTOCHEMICAL, ULTRASTRUCTURAL AND FUNCTIONAL EVIDENCE FOR A NEUROGENIC CONTROL OF CEREBROSPINAL FLUID PRODUCTION FROM THE CHOROID PLEXUS

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The mammalian choroid plexus is a highly vascularized villous structure covered with a single layer of cuboidal epithelial cells. It is present in all four ventricles of the brain and it constitutes the major site for the bulk production of cerebrospinal fluid (CSF). This is formed by an active secretory process at a rate that varies considerably from species to species, but which is rather constant when expressed as a fraction of total CSF volume or on the basis of plexus weight: approximately 0.5 % of total CSF volume is replaced by newly formed fluid every minute (4, 5). A century ago, the histological studies of Benedikt (1) suggested the presence of nerves in the plexuses, but in spite of these and later confirmatory morphological evidence (3, 17), the possibility of a nervous influence on the CSF production has not hitherto been seriously investigated.

## INNERVATION OF THE CHOROID PLEXUS

### Histochemistry of Adrenergic Nerves

Using the Falck-Hillarp histofluorescence technique (2), we have shown that the mammalian choroid plexuses receive an ample supply of adrenergic nerves in all ventricles, particularly that of the third (Fig. 1), though there is a rather great variation in the innervation density between different animal species (8). The adrenergic fibres form networks around small blood vessels belonging both to the arterial and venous systems, and the fluorescent terminals run in between the epithelium and the underlying vascular wall, suggesting that both structures are supplied. The nerves originate from the superior cervical sympathetic ganglia (with the exception of a few fibres in the plexus from the fourth ventricle, as seen in rabbits, obviously arising from lower ganglia). This has been demonstrated both histochemically (6, 8) and by fluorescent measurement of noradrenaline (10) in denervation experiments.

Ontogenetically (Table I), the first adrenergic nerves (of the rabbit) appear in the plexus of the third ventricle around birth. Somewhat later, around the 5th postnatal day,

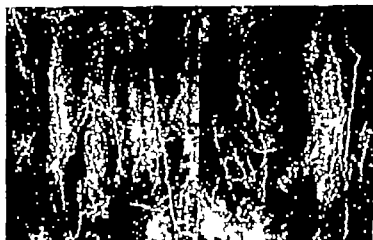


Fig. 1 Fluorescence photomicrograph of a whole mount of the choroid plexus from the third ventricle of a rabbit: formaldehyde reaction. Numerous delicate adrenergic axon terminals form a network in the parenchyma among the epithelial cells. Autofluorescent cells and granules are also seen. X 55.

such nerves are also seen in the lateral plexuses while that of the fourth ventricle does not receive histochemically visible adrenergic nerves until about 2 weeks post partum. The nerve supply of the whole system of plexuses reaches its full development of approximately the age of 3 weeks.

#### Histochemistry of Cholinergic Nerves

The mammalian choroid plexus is also supplied with cholinergic nerves (13) which have been visualized by the histochemical cholinesterase technique following inhibition of pseudocholinesterase (12, 13). The plexuses of all ventricles receive acetylcholinesterase-containing nerves which are associated not only with the choroidal blood vessels but also

Table

Development of adrenergic innervation of the MSLRP: Fluorescence histochemistry in rabbit choroid plexus

Stage Region ventricle	Prenatally	Birth	days	10 days	2 weeks p.p.	3 weeks
Third		very few	moderate	numerous	numerous	fully developed
Lateral	0		very few	numerous	numerous	fully developed
Fourth	0			0	very few	fully developed

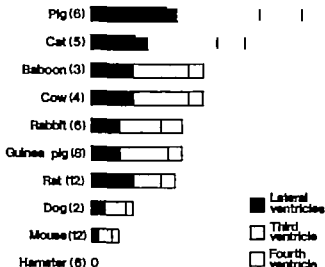


Fig. 2 Comparison of the cholinergic nerve supply estimated by microscopy of choroid plexuses from various species. Arbitrary units from 1 (scattered nerves) to 6 (extensive supply). The ventricles from which the plexuses were removed are identified to the right with the 1-unit symbol. The hamster plexuses were devoid of histochemically visible nerves. Numbers of animals analyzed are indicated within parentheses.

with the plexus epithelial cells in the same manner as nerves belonging to the adrenergic system. The plexus of the third ventricle is usually best supplied with cholinergic fibres whereas that of the fourth ventricle hardly contains any stained nerves at all. The most well-developed cholinergic innervation is found in plexus tissue from pig and cat; the mouse and dog plexuses, on the other hand, receive comparatively few nerve fibres (Fig. 2).

#### Immunohistochemistry of Peptidergic Nerves

It has recently been shown that Vasodilative Intestinal Polypeptide (VIP) — potent hypotensive and dilatory agent — is present in systems of nerves which innervate brain vessels in much the same manner as the autonomic fibres (14). Further immunofluorescence studies have shown that this type of peptidergic nerves also supply the choroid plexus. Thus, substantial number of delicate fibres with perivascular orientation have been found in plexuses from pig, cow, cat and, to certain extent, also rabbit. Isolated twigs are occasionally seen to run in between the wall of small blood vessels and the overlying epithelium

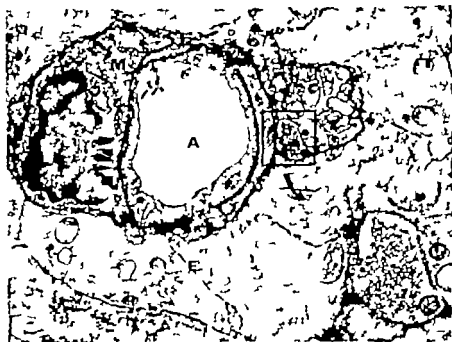


Fig. 3 Electron micrograph of rabbit choroid plexus near the free border. Small axon bundle near small arteriole (A) enclosed by single smooth muscle cell (M) and the basal portions of epithelial cell (E). The structures are separated from each other by basement membranes. The axons contain mitochondria, neurotubuli, large (approximately 1000 Å in diameter) electron dense vesicles and small empty vesicles. X 10,700. Insert: Detail of partly naked axon varicosity containing a mitochondrion and numerous 300-600 Å agranular vesicles and separated from the membrane of an epithelial cell by 300 Å and from that of the vascular smooth muscle cell by 900 Å. X 22,500.

#### Ultrastructure of the Innervation

Electron microscopy of cats and rabbits has shown numerous non-myelinated nerves running in relation to the wall of small arterioles and to the base of plexus epithelial cells (6). Thick bundles of axons enclosed by Schwann cells and a thin collagenous investment are found in preparations taken near the border of attachment of the plexuses where they accompany small arterioles. Further out in the plexus tissue towards the free border the axons are collected in bundles of smaller size and are located contiguous to the wall of small arterioles as well as to the base of epithelial cells (Fig. 3). Near the fringes of the plexus tufts the nerve terminals run singly and devoid of their neurolemmal sheath.

The adrenergic nature of some of the nerve terminals could be secured by the presence of electron dense synaptic vesicles after injection of the "false adrenergic transmitter

Choroid plexuses from ▨ 4th ventricle and ■ lateral ventricles

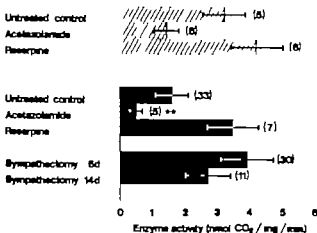


Fig. 4. Carbonic anhydrase activity in rabbit choroid plexus from fourth ventricle (dashed bars) and lateral ventricles (black bars) in normal animals and after treatment with acetazolamide (100 mg/kg iv 60 min) reserpine (5 mg/kg ip 4-5 hr) or after sympathectomy (bilateral removal of the superior cervical ganglia). At 14 days after denervation the enzyme activity returns towards normal, probably due to denervation supersensitivity of the receptors. Plexus tissue from one animal was used in each determination. Mean values  $\pm$  SEM, number of determinations within parentheses. Comparison of control means with experimental means according to Student's *t* test: 0.01 < *p* < 0.05, 0.001 *p* < 0.01.

5-hydroxydopamine. An approximately equal number of terminal contained electron-lucent synaptic vesicles; they were interpreted as the cholinergic terminals visualized at the light-microscope level by the cholinesterase technique. Both types of nerves come as close as 200 Å to epithelial cells (Fig. 3) where they are located either contiguous to the base of the cell or cellular processes between adjacent cells or within cellular invagination. The distance between the nerve endings and the smooth muscle cell of the arterioles is in the order of 900 Å (Fig. 3) which is characteristic of functioning autonomic innervation of blood vessels.

The VIP-containing nerves have so far not been identified at the electron-microscopic level.

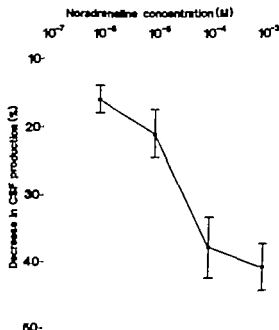


Fig. 5 Dose-dependent reduction in bulk CSF production during intraventricular infusion of various concentrations of noradrenaline. Mean values  $\pm$  SEM, 3-4 experiments at each dose level.

## SYMPATHETIC INFLUENCE ON CHOROID PLEXUS FUNCTION

The structural observations have suggested that the innervation of the choroid plexus may influence functions through an effect both on its vascular bed and on its secretory epithelium. Separate studies have therefore been carried out to show the presence of adrenergic receptors in the plexus blood vessels and sympathetic effects on the carbonic anhydrase activity in the plexus epithelium and on the bulk production of CSF.

### Adrenergic Receptors in Plexus Vessels

The anterior choroidal artery of cows was used as model vessel in the pharmacological analysis of smooth muscle receptors *in vitro* by techniques previously described in detail (7).

During resting conditions of the artery and in the presence of appropriate blocking agents, adrenaline, noradrenaline, phenylephrine and isoprenaline produced dose-dependent vascular contraction in the mentioned order of potency. However, the effect was only about one tenth of that obtained with feline pial vessels of similar size (9). The reversible

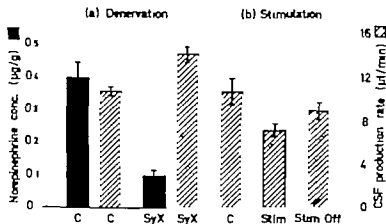


Fig. 6 ( ) One week following sympathetict denervation (SyX) of the rabbit choroid plexus there is marked reduction in the norepinephrine concentration concomitant with highly significant increase in the rate of CSF production compared with unoperated controls (C). Differences between mean values ( $\pm$  SEM) according to Student's *t*-test,  $p < 0.001$  in both groups. (b) CSF production rate before (C) and during bilateral electrical stimulation of the superior cervical ganglia (Stim) which markedly reduces the rate of production (the difference based on paired observations was of highest significance,  $p < 0.001$ ). After finishing stimulation (Stim Off) there is tendency to normalization of the production rate (Stim vs Stim Off,  $p = 0.01$ ). Bars indicate mean  $\pm$  SEM.

Alpha receptor antagonist phentolamine inhibited the contraction further indicating that it was mediated by alpha adrenergic receptors.

The beta adrenergic receptor function was tested on plexus vessel previously given an active tone by prostaglandin  $F_2$ . The sympathomimetic relaxation was found to be in the order isoprenaline, adrenaline, noradrenaline, terbutaline. The beta receptor nature of the relaxation was confirmed by the competitive inhibition of the isoprenaline induced effect achieved by propranolol.

### Sympathetic Effects on Carbonic Anhydrase Activity

More direct evidence for true functioning relationship between the sympathetic nerves and the secretory epithelium of the plexus has been obtained in quantitative determinations of carbonic anhydrase activity of blood free rabbit plexus by measuring the formation of  $^{14}CO_2$  from  $Na^{14}HCO_3$  in the presence of plexus homogenate (6). The activity of the enzyme which is essential for the production of CSF is twice as high in the plexus of the fourth ventricle compared to that of the lateral ventricles. As expected treatment of the animals with acetazolamide markedly reduces the enzyme activity in both plexus.



regions (Fig. 4). Cervical sympathectomy or injection with reserpine significantly increase the activity (as measured in the lateral plexuses) by 125-150% (Fig. 4). The findings thus indicate that the sympathetic innervation has an inhibitory action on carbonic anhydrase activity and thereby probably on CSF production.

#### Sympathetic Effects on Bulk CSF Production

In order to obtain direct measure of the sympathetic nervous influence on the rate of CSF production, the ventriculo-cisternal perfusion technique of Pappenheimer and collaborators (11-18) utilizing radioactive inulin has been applied to experiments on rabbits (16). According to this technique, the rate of bulk CSF production is determined on the basis of radioactive dilution.

The animal is anesthetized and artificially ventilated, resting prone in a specially made harness with its head fixed in a metal frame. Artificial CSF containing inulin- $^{14}\text{C}$ -carboxylic acid (1  $\mu\text{Ci}/100\text{ ml}$ ) is infused via cannula into the right lateral ventricle and drained at the same rate through a needle placed in the cisterna magna, the outflow being collected at 5 min intervals. Infusion pressure is continuously recorded on a Grass Polygraph to the inflow cannula and Statham pressure transducer. Blood gases and systemic blood pressure are followed during the whole experiment. Since diffusion of inulin from the ventricular system is negligible, it follows that any dilution of inulin during the passage through the ventricles results from newly formed inulin-free fluid at a rate equal to the rate of inflow times the difference between the inulin concentrations in the inflow and outflow divided by the concentration in the outflow (18). The mean production rate of CSF in the untreated rabbit was found to be  $10.8\text{ }\mu\text{l}/\text{min}$ , which is in good agreement with previously published figures (4, 5).

Various concentrations of noradrenaline ( $10^{-8}$ – $10^{-3}\text{ M}$ ) were administered with the perfusion fluid in order to estimate the effect of the sympathetic neurotransmitter on CSF production (Fig. 5). This resulted in dose-dependent decrease of CSF production by as much as 42% at the highest noradrenaline concentration. The effect of the amine on the rate of CSF formation was compared to the action of acetazolamide, which at a dose of  $100\text{ mg/kg}$  produced reduction of about 46% which corresponds to the effect reported by others (4). Since the choroid plexuses contain high amounts of monoamine oxidase which can be demonstrated histochemically, it may be difficult to define the dose of noradrenaline giving maximum effect due to an unknown degree of breakdown. In one series therefore the monoamine oxidase inhibitor tolazamide was added to the perfusion fluid.

at concentration of  $10^{-3}$  M two hours before the noradrenaline administration. As could be expected the noradrenaline induced decrease in CSF production became markedly potentiated so that mean reduction of 65 % was now obtained with  $10^{-4}$  M of the amine given in the perfusion fluid.

In attempts to relate the action of the exogenous noradrenaline to possible neurogenic effect on the choroid plexus and CSF production rate the sympathetic trunks in the neck were stimulated electrically (30 sec on/30 sec off, 3-10 V, 2 msec pulse duration, 15 Hz frequency). Sympathetic stimulation during 1-2 hours (Fig. 6) reduced the rate of CSF formation by mean of 32 % compared to the control situation before stimulation (16). After cessation of stimulation the production rate returned approximately half way (49 %) towards normal during the 1-hour control period following stimulation.

In accordance with these observations excision of the superior cervical ganglia had an opposite effect on the CSF production (Fig. 6) within 2 days during which almost all fluorescent nerves in the choroid plexuses of the rabbit are abolished there was a 33 % increase in the rate of bulk CSF production (16).

## SUMMARY

Histochemical studies have shown that the rabbit choroid plexus receives well developed adrenergic and cholinergic nerve supply. The adrenergic innervation which originates almost entirely from the superior cervical sympathetic ganglia, begins to develop around birth and is fully established 3 weeks later. Electron microscopy has shown that the nerve terminals innervate both the plexus arterioles and its secretory epithelium. The sympathetic fibres have been shown to influence the plexus epithelium as reflected by their effect on its carbonic anhydrase activity. They appear to have an inhibitory effect on the bulk CSF production as revealed by electrical nerve stimulation and denervation experiments. The control seems to be exerted primarily on the plexus epithelium though some of the effect may also be associated with alterations in choroid plexus blood flow.

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### Section III

## PERIPHERAL AUTONOMIC INNERVATION



# WHAT FUNCTION HAVE CHOLINERGIC NERVES IN THE SMOOTH MUSCLE OF THE MALE GENITAL TRACT?

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The essentially adrenergic nature of the motor innervation of the smooth muscles of the male genital tract is by now fairly well documented (cf. ref. 1). However, there are also strongly cholinergic positive nerves in the smooth muscle. One apparent possible role of cholinergic nerves in the male tract is secretomotor innervation because these nerves are accumulated beneath the secretory cells (2, 3). Hence cholinergic nerves may just pass the muscularis on their way to the secretory linings. However, it has been postulated that also part of the motor smooth muscle innervation is cholinergic (e.g. Robinson (4)). It is, however, also possible that cholinergic and adrenergic fibres interfere with each other because there are intimate connections between these fibres (e.g. Thoenen et al. (5)). Here results indicating that this possibility could be one function of cholinergic nerve in the smooth muscle of the male tract will be presented.

## Material and methods

Isolated strips of the retractor penis muscle and vas deferens of dog were chosen, because in this species the relative proportion of cholinergic nerves (in the muscles in question) seems to be greater than in any other species studied (6, 7). The strips were placed in aerated Tyrode solution (35°C) in an organ bath with field stimulating electrode. Transmural nerve stimulation (5-10 s, every 2-5 min) was performed with pulses of supramaximal strength and frequencies below 15 Hz. Contractions were recorded isometrically.

## Results

In both organs the contractile response to field stimulation was blocked by appropriate concentrations of phenoxybenzamine ( $1-9 \times 10^{-7}$ M) (Fig. 1), phentelamine ( $3-30 \times 10^{-7}$ M) or guanethidine ( $1-4 \times 10^{-5}$ M) indicating an adrenergic origin of the motor innervation. Acetylcholine ( $1 \times 10^{-4}$ M) contracted the muscles lightly but suppressed the excitatory adrenergic response. Physostigmine ( $1 \times 10^{-8}$  -  $10^{-6}$ M) suppressed this re-



sponses (Fig. 2) while it was restored by scopolamine ( $1 \times 10^{-8}$  -  $10^{-6}$ M)

### Conclusions

Since physostigmine is likely to increase tissue concentrations of acetylcholine released from cholinergic nerves our results support the concept that the function of cholinergic nerves in these smooth muscle is suppression of the adrenergic excitatory neurotransmission rather than a direct motor innervation and action. Physiologically this may make sense because during sexual arousal secretion should precede contraction and as mentioned introductorily secretory cells are most likely target cells of cholinergic nerves. Thus it could be of some advantage if a secretomotor burst of pulses initially inhibited myomotor transmission.

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# ELECTRON MICROSCOPY OF ADRENERGIC CHOLINERGIC AND P TYPE NERVES IN THE MYOMETRIUM, AND A SPECIAL KIND OF SYNAPTIC CONTACTS WITH THE SMOOTH MUSCLE CELLS

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The adrenergic innervation of the myometrium has been well elucidated in numerous species — including man — primarily by fluorescence histochemistry and the origin and distribution of the nerves have been clarified on the basis of denervation experiments combined with chemical determinations of norepinephrine (1). In the cat about two thirds of the postganglionic adrenergic fibres in the myometrium run in the hypogastric nerves, whereas the remainder originates in peripheral ganglion formations located in the utero-vaginal junction (2) thus belonging to the systems of short adrenergic neurons (1).

However surprisingly little has been done to clarify at the electronmicroscopi level the structural basis for functional relation between the adrenergic nerve terminals and uterine non-vascular smooth muscle cells.

## Material and methods

Five adult oestrous cats were used (the cyclo phase was determined by microscopic examination of stained vaginal smears). After pretreatment with 5-hydroxydopamine (5-OHDA; 200 mg/kg i.p. twice daily for 3 days) the animals were anesthetized by an i.p. injection of nembutal (30 mg/kg body weight). The chest was quickly opened and cannula inserted through the left ventricle into the ascending aorta where the tip was fixed by ligature. Fixation was carried out by perfusion with 2.5 % glutaraldehyde solution in 0.1 M phosphate buffer (pH 7.2) for 15 minutes. Small pieces from the uterine horns as well as from the cervix-isthmus region were dissected out and immersed in the same fixative for another hour. The specimens were postfixated in 2 % osmium tetroxide in the same buffer and embedded in araldite (Duropon ACM; Fluka AG) or Vestopal W. They were contrasted en bloc with uranyl acetate before embedding. Semithin sections were cut on Pyramicome (LKB) and stained with methylene blue for orientation. Ultrathin sections of silver-gold interference colour were cut on LKB Ultratome and placed on formvar-coated copper grids. If necessary the sections were stained by lead citrate. The preparations were



Fig. 1 Pedicular process filled with myofilaments extending from smooth muscle cell and seen in close contact (approximately 20 nm) with two axon terminals partly denuded of their Schwann cell enclosure. X 25,000.

examined in Siemens Elmiskop 1 A or a Philips EM300 electron microscope.

### Results

On the basis of the characteristics of the synaptic vesicles three types of axon varicosities were easily recognized (see further Discussion): (a) The majority of the axons contained numerous small vesicles (approximately 50 nm in diameter) with highly osmophilic dense core together with large vesicles (100–150 nm in diameter) whose content was much less osmophilic. Such axons are classified as adrenergic. (b) Some axons contained only empty small together with a few large vesicles of the same kind as above. These axons are probably cholinergic. (c) Besides the adrenergic and cholinergic nerves a third type of axon could be distinguished. It was identified by the presence of numerous vesicles having diameters ranging between 100–200 nm and containing a moderately electron dense core, sometimes of granular structure filling the entire vesicle. In addition the varicosities contained smaller vesicles 50–70 nm in diameter, sometimes with a highly electron dense core. These axons too came in close contact (approximately 20 nm) with the membrane of smooth muscle cells, though only in the form of simple appositions. The varicosities may belong to a different system, usually designated as p. terminals.

In the immediate vicinity of a smooth muscle bundle the varicosities were seen to be partly or wholly denuded of their Schwann cell envelope. The distance between the muscle cell membrane and that of the nerve varicosity was about 100 nm, the space being occupied

only by the basement membranes of the axon and the muscle cell

The adrenergic axon terminals were seen to establish two kinds of close contacts with the effector cells ( ). Most often the naked varicosity simply approached the membrane of the smooth muscle cell to a distance of 20-25 nm. No membrane specializations were observed in these areas. (b) In certain areas of the inner and outer muscle layers, more specialized connection between muscle cells and nerve terminals was found (Fig. 1). The muscle cells extended small stout processes converging onto small nerve fibres. Such projector sometimes pedicular shape contained large number of myofilaments (Fig. 1). The distance between adjacent membranes was in the order of 20-25 nm and no thickening of the membranes was seen.

### Discussion

The use of 5-OHDA as a marker of adrenergic nerves on the ultrastructural level is well established (3). On the basis of the 5-OHDA treatment it was found that the feline sterna contains large number of adrenergic nerves in accordance with previous fluorescence histochemical observations (2) and smaller number of non-adrenergic fibres, probably cholinergic (parasympathetic). The third type of axon that could be distinguished did not conform, in the appearance of the vesicles, with either adrenergic or cholinergic axons. These axons resembled those designated as peripheral (4) or putative nerves (5).

In the myocardial smooth musculature of the cat, two types of earlier described synapses were shown to exist: one type where the adrenergic varicosity comes in close apposition (20-25 nm) to the smooth muscle cell with no specialization either on the neural or muscular side. This kind of neuromuscular contact has been described in many tissues from various animal species (6). The other type, where the distance between the axon varicosity and the smooth muscle cell is about 100 nm, occurs mainly in neuro-muscular contacts of blood vessels and in the gut (6). Also, third and not previously described neuro-muscular contact was found. Here, the muscle fibres were seen to advance stout, irregular processes onto adrenergic varicosities, the distance between adjacent membranes being in the order of 20-25 nm. These muscular processes seemed to be specialized in the sense that they contained condensation of myofilaments. It is possible that the specialized neuro-muscular contacts may constitute the directly innervated or "juxta" cells which according to Burnstock and Iwayama (7) is characteristic feature in well innervated organs such as the guinea pig vas deferens, cat urinary bladder, the pupillary constrictor and the nictitating membrane.

### Summary

In the cat uterus three types of axons have been identified by electron microscopy on the basis of the appearance of the synaptic vesicles in the axon varicosities following treatment with 5-hydroxydopamine: (1) Most axons were adrenergic with numerous small osmophilic vesicles of approximately 50 nm diameter together with large (100–150 nm in diameter) granules. (2) Some axons contained only empty small together with the large granules; these are probably cholinergic. (3) A small number of the axon varicosities had only large sized vesicles with a moderately electron-dense content. They are interpreted as a polypeptide type of nerves ("peripheral terminals"). Close appositions at 25 nm distance were sometimes found between the varicosities. A specialized neuromuscular connection was found: the muscle cells at "the end of muscle bundles" extended small stout processes containing numerous myofilaments onto a small nerve bundle, the distance being 20–25 nm.

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# REDUCED TYROSINE HYDROXYLASE ACTIVITY IN GUINEA-PIG UTERUS DURING PREGNANCY

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With combination of fluorescence histochemical and fluorometric techniques it has been demonstrated that the myometrium of the guinea-pig uterus receives rich supply of adrenergic nerve fibres, mainly arising from the paracervical ganglia (short adrenergic neurons) and the hypogastric nerves (1). During the end of pregnancy the neuronal fluorescence, as well as the uterine noradrenaline, disappears (2). In animals with unilateral pregnancy the reduction occurs also in the uterine horn that is not enlarged and distended by the presence of fetuses (2). It has therefore been suggested that these marked changes in the transmitter content, which occur exclusively in the reproductive tract, may be caused by humoral factors (3). After delivery the noradrenaline content, measured in the whole uterus, slowly returns to non-pregnant level, which are attained within 6 months (4).

The biochemical mechanisms underlying these marked alterations in the function of the uterine adrenergic nerves are still unknown. Several aspects of the transmitter metabolism may have been implicated, such as changes in its rate of synthesis, release, and/or breakdown within the uterine adrenergic nerves. Recent observations have shown that local structural degeneration of the uterine adrenergic nerves, particularly in the distended portions of the uterine wall, is involved in the reduction of the noradrenaline level during pregnancy (5).

The aim of the present study has been to investigate the synthesis of neuronal noradrenaline in the guinea-pig uterus during and after pregnancy. For this purpose the activity of the enzyme tyrosine hydroxylase was measured in order to search for possible relationship between the altered transmitter level and changes in the activity of the enzyme, which is rate-limiting step in the noradrenaline synthesis.

## Material and Methods

The material consisted of total of 59 female guinea-pigs of mixed strain. After mating with males, animals from three different periods of pregnancy were selected by palpation

mating date and after killing under light anesthesia the day of pregnancy was checked by measurement of mean weight and crown-rump length of the fetuses (6,7). The three groups were of 20-25, 30-40 and 60-65 days of pregnancy. They were further divided into two sub-groups: animals with bilateral and animals with unilateral pregnancy. Animals were also studied 3 weeks, 12 weeks or 6 months after delivery. Abdominal exploration immediately post partum had shown that the horn(s) from which tissues were obtained had contained fetuses during pregnancy. Five non-pregnant animals served as controls.

Immediately after sacrificing the animal, the uterine horns were dissected out, weighed, frozen and stored in deep freezer until further processing. The entire horn was homogenized in the presence of Triton X-100 and an aliquot was taken for assay. The tyrosine hydroxylase (TH) activity was measured according to the method of Hendry and Iversen (8) determining the formation of  $^3\text{H}$ -3,4-dihydroxyphenylalanine (DOPA) from  $^3\text{H}$  tyrosine in tissue homogenates. In the determinations the TH activity is obtained as pM (picomoles) of DOPA formed per mg uterine tissue during one hour. Where there are differences in uterine weight between various endocrine states, the TH activity is also expressed as pM of DOPA formed per uterine horn during one hour.

The Student's t-test was used in the statistical evaluation of differences in the mean values of uterine TH activity.

### Results

The results from the determinations of uterine TH activity in the different experimental groups are summarized in Table 1. The TH activity in the various pregnancy groups and post partum groups are compared to the TH activity in non-pregnant animals.

#### Fetus-containing uterine horn during pregnancy

At 20-25 days of pregnancy there was an approximately 50% reduction of the total TH activity ( $p < 0.01$ ). At 30-40 days of pregnancy the activity was further decreased ( $p < 0.001$ ) and at 60-65 days of pregnancy almost no measurable TH activity was found. Since the decrease in total TH activity during pregnancy was associated with an increment in organ weight, the reduction in TH activity per mg tissue was even more pronounced.

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$^3\text{H}$ -2,3 side chain L-tyrosine

Table 1

Tyrosine hydroxylase activity in uterine horns from non-pregnant, pregnant and puerperal guinea-pigs. The activity of the enzyme is expressed as picomoles (pM)  $^3\text{H}$  3,4-dihydroxy-phenyl l-tyrosine ( $^3\text{H}$ -DOPA) formed per hour  $^{-1}$  each mg tissue or  $1$  the entire uterine horn

Stage	Number of determinations	Organ wet weight (mg)	Tyrosine hydroxylase activity ( $^3\text{H}$ -DOPA formed)	pM per uterine horn per h
			pM mg $^{-1}$ h $^{-1}$	
Non-pregnant uterine horn	5	300 $3^{+70}$ 5	1 $132^{+0.147}$	307 $9^{+43}$ 9
P horn-containing horn				
20-25 days pregnancy	4	732 $6^{+89}$ 0	0 $204^{+0.048}$	141 $6^{+13}$ 9
30-40 days pregnancy	11	2100, $0^{+315}$ 5	0 $048^{+0.012}$	83 $2^{+22}$ 8
60-65 days pregnancy	5	7041 $2^{+605}$ 4	non-measurable	non-measurable
Non-fetus containing horn				
20-25 days pregnancy	4	231 $9^{+26}$ 7	0 $650^{+0.027}$	148 $9^{+11}$ 9
30-40 days pregnancy	5	393 $8^{+67}$ 5	0, $231^{+0.066}$	81 $1^{+24}$ 6
60-65 days pregnancy	3	934 $4^{+151}$ 5	0 $045^{+0.022}$	37 $2^{+16}$ 2
Uterine horn at 3 weeks post partum	8	495 $6^{+53}$ 2	0 $066^{+0.010}$	32 $5^{+5}$ 2
12 weeks post partum	5	773 $6^{+52}$ 6	0 $040^{+0.008}$	30 $5^{+5}$ 6
6 months post partum	8	743 $6^{+56}$ 2	0 $163^{+0.027}$	124 $1^{+23}$ 1



### Non-fetus containing (empty) uterine horn during pregnancy

In comparison with uterine horn from non-pregnant animals also the empty uterine horn of pregnant guinea-pigs showed a reduction in total TH activity. At 20-25 days of pregnancy the reduction amounted about 50 % ( $p < 0.02$ ). At 30-40 days of pregnancy the decrease was somewhat more than 70 % ( $p < 0.005$ ) and at 60-65 days of pregnancy the reduction was about 90 % ( $p < 0.005$ ). The TH activity as expressed per mg tissue was also reduced.

### Post partum

At 3 and 12 weeks after delivery the total TH activity (in the uterine horns that had contained fetuses) had increased as compared to the non-measurable values at 60-65 days of pregnancy. It was however still only 10 % of the level in non-pregnant animals ( $p < 0.001$ ). At 6 months after delivery it had further increased and now reached about 40 % of the enzyme activity in the non-pregnant animals ( $p < 0.005$ ).

### Discussion

The guinea-pig uterus receives a well developed supply of adrenergic nerves, which innervate the myometrial smooth musculature as well as the uterine vascular bed (1,3,9). These uterine neurons are unique in the sense that their transmitter content varies during, for example, pregnancy (2). Thus during the end of pregnancy there is a marked decrease in the number of nerves exhibiting a formaldehyde-induced noradrenaline fluorescence. Comparison of the two uterine horns in unilaterally pregnant animals has revealed that this conspicuous change in the adrenergic nerves occurs whether the uterine horn contains fetuses or not (5). Although the uterine horn containing fetuses is distended and much larger than the contralateral horn lacking fetuses, the chemically determined noradrenaline content shows similarly pronounced reduction in both uterine horns during late pregnancy; however, the course of disappearance is different in the two horns (2). It is therefore unlikely that only mechanical factors should be responsible for the disappearance of adrenergic transmitter in the uterine nerves. Recent observations on the capacity of uterine adrenergic nerves to accumulate the noradrenaline analogue  $\alpha$ -methyl-noradrenaline after disappearance of the endogenous transmitter in combination with silver impregnation studies have indicated that the noradrenaline reduction in the fetus-containing horn may mainly be due to nerve degeneration (at least during late pregnancy) whereas in the empty horn noradrenaline is lost principally from intact nerve fibres (4,5).

The present results show that reduced synthesis of noradrenaline is compatible with the reduced level of transmitter during advancing pregnancy. Since TH is rate-limiting in the noradrenaline synthesis, the activity of this enzyme was chosen as parameter. The TH activity was reduced to very low level at the end of pregnancy and in fetus-containing horns from late pregnancy no detectable  $^3\text{H}$ -DOPA activity was found (1\_\_\_ the total number of counts was below that of the blank sample without tissue). This holds true both when the enzyme activity is expressed on organ weight basis and as total activity in the uterine horn. Expressing the total TH values compensates for the pronounced increase in organ weight during pregnancy. Compared to the empty horn the activity per mg tissue was reduced to greater extent in the fetus-containing horn where non-measurable levels were found at the end of pregnancy. The same tendency holds true also when the enzyme activity is expressed in terms of total activity per uterine horn. Due to the very marked enlargement of the fetus-containing uterine horn, the actual total enzyme activity in the tissue is difficult to establish. This possible difference would be in accordance with the above-mentioned view that structural disintegration of the adrenergic nerves is involved in the fetus-containing horn during its enlargement.

After delivery there is slow progressive recovery of noradrenaline in uterine nerves during the post partum period (4). This is in general agreement with the slowly returning TH activity which, however, is still not more than 40 % of non-pregnant control values as late as 6 months after delivery.

#### Acknowledgement

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#### Summary

In previous series of investigations it has been shown that uterine noradrenaline in the guinea-pig is markedly reduced during advancing pregnancy, reaching near-zero levels at the time of parturition. After delivery noradrenaline slowly returns towards non-pregnant levels. In animals with unilateral pregnancy similar noradrenaline reduction occurs also in the horn lacking fetuses. This indicates that the alteration in the neuronal transmitter is the consequence not only of mechanical factors but probably also of some humoral mechanism.

In the present study the uterine tyrosine hydroxylase activity was determined in non-pregnant guinea-pigs and in animals at various stages of pregnancy as well as after delivery. It was found that the enzyme activity was gradually reduced during pregnancy in both the horn containing fetuses and in the horn lacking fetuses. At the time of delivery non-measurable levels were found in the fetus-containing horn and the activity was reduced by about 90 % in the non-fetus containing horn. During the post partum period the enzyme activity increased very slowly to reach about 40 % of non-pregnant values by 6 months after parturition.

It is suggested that a reduction of the noradrenaline synthetase partly associated with an actual degeneration of the adrenergic axons, is a factor involved in the fall of uterine noradrenaline seen during pregnancy.

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# ORGANIZATION AND FUNCTION OF THE SYMPATHETIC INNERVATION OF HUMAN LIVER

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The relations between the sympathetic nervous system and the liver cells have been dealt with in both morphological and functional studies (1, 2, 3, 4, 5). Physiological experiments on calves, dogs and cats have shown the importance of the sympathetic nerves in controlling the hepatic glucose release not only during direct nerve stimulation (1, 2) but also during reflex situations such as bleeding (4). The existence of sympathetic nerves innervating liver parenchymal cells would thus be expected. However, Ungváry and Donath (3) reported that in a series of laboratory animals which they investigated they could not find any adrenergic innervation in the liver except that confined to blood vessels. These negative findings have recently been confirmed by Skaarving and Børseth (6). On the other hand, Yamada (7) observed on the electron microscopical level nerve fibres containing dense core vesicles in close contact with liver cells in mouse liver. There thus seems to be a discrepancy between the morphological and functional findings concerning the sympathetic innervation of the liver.

This study presents the finding of sympathetic innervation of liver parenchymal cells in man. Aspects on the functional role of this innervation in glucose regulation is also given. Preliminary reports on some of the findings have been published earlier (8, 9, 10).

## Materials and Methods

**Fluorescence microscopy.** The liver pieces for the study were obtained from biopsies taken peroperatively. All pieces were examined with routine histological stainings and only liver tissue without pathological changes was included in the study. Within 10 min after the biopsies were taken, the liver specimens were frozen in propane-propylene mixture at the temperature of liquid nitrogen. After freeze-drying the preparations were processed for the fluorescence microscopical visualization of biogenic monoamines according to the Falck-Hillarp method (11, 12).

**Chemistry.** Norepinephrine (NE) in liver tissue was determined fluorometrically according to the method of Bertler et al. (13) and Häggendal (14). Glucose in plasma was analysed with glucose-oxidase method.

**Nerve stimulations:** The hepatic sympathetic nerves were stimulated peroperatively in 7 patients who were laparotomized for gall-bladder disease but were otherwise healthy and had normal liver function and normal fasting blood glucose values. The sympathetic nerve fibres around the hepatic artery were dissected free and put on bipolar platinum electrode. The nerves were stimulated for 10 min with 20 Hz, 50 V and 2 msec. Arterial blood samples were withdrawn before, during and after the stimulation and analysed for plasma glucose concentration.



Fig. 1. Fluorescence photomicrograph of normal human liver tissue. Numerous green-fluorescent adrenergic nerve terminals are seen in the parenchyma and some fibres are surrounding individual hepatocytes. X 180.

#### Results and Comments

Human liver tissue was found to contain varicose nerve terminals which displayed the green formaldehyde-induced fluorescence that is characteristic of catecholamines and they were thus classified as adrenergic fibres (Fig. 1). The adrenergic parenchymal innervation was rather dense and the terminal varicose fibres were arranged in a pattern giving the impression that most of them ran around lobular units. Fibres were not seen to penetrate into the lobuli, sometimes surrounding individual hepatocytes (Fig. 1). The density of adrenergic fluorescent fibres did not differ markedly between different portions of the liver but they seemed to be unevenly distributed within most microscopic sections examined. Apart from this parenchymal innervation we observed a large number of adrenergic nerve fibres running along both portal and hepatic blood vessels. These results thus clearly indicate

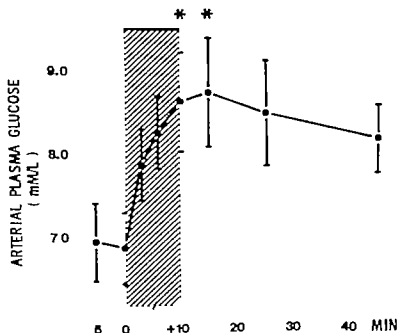


Fig. 2 Changes in the arterial plasma glucose concentration in response to stimulation of the hepatic sympathetic nerves in man. Hatched area represents the stimulation period. Mean values  $\pm$  S.E.M. of 7 determinations are given. Student's *t*-test difference from control values: \* = 0.05 > *p* > 0.01.

that human liver tissue receives dense sympathetic innervation which is organized in close contact both to hepatocytes and blood vessels. Work in progress confirms these data on the electron microscopical level (15). The chemical analysis showed high concentrations of norepinephrine in human liver tissue ( $0.92 \pm 0.19 \mu\text{g/g}$  mean value  $\pm$  S.E.M. of 8 determinations) which gives further support to the view that norepinephrine is the intraneuronal amine in the fluorescent parenchymal nerves.

The functional significance of this innervation in the control of blood glucose concentration was studied by stimulating the hepatic sympathetic nerves peroperatively. Fig. 2 shows that in response to stimulation the arterial plasma glucose concentration increased promptly from control value of about 7 mM/L to peak value of about 9 mM/L 5 min after cessation of stimulation. The difference between the control glucose value and the

stimulation-induced values is statistically significant at 10 and 15 min after the beginning of the stimulation. The arterial plasma glucose concentration then gradually returned towards the control level.

The present stimulation experiments in man clearly indicate that the hepatic sympathetic nerves induce release of glucose from the hepatocytes. This is in accordance with previous findings in animals (1, 2) but the magnitude of the increase in plasma glucose is somewhat lower in man than in cat, dog, pig and calf. This difference might at least partly be attributed to the technical problems which are inherent in these human experiments, e.g. the difficulties in dissecting free all sympathetic fibres around the hepatic artery.

**Acknowledgement** This study has been supported by grants from the Magnus Bergvall foundation and from the Swedish Medical Research Council (grant no. 04X 56).

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Section IV

AMINE MECHANISMS IN  
ENDOCRINE SYSTEMS





THE ADRENERGIC INNERVATION OF THE PITUITARY OF THE EEL *Anguilla anguilla*  
WITH SPECIAL REFERENCE TO THE CONTROL OF THE PARS INTERMEDIA

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The pituitary of the eel consists of three lobes (Fig. 1): the rostral pars distalis (RPD), the proximal pars distalis (PPD) and the neuro-intermediate lobe (NIL). The latter lobe secretes MSH (melanophore-stimulating hormone) the effect of which is to darken the skin by dispersing the pigment of melanophores. Neural processes penetrate all parts of the adenohypophysis but the endocrine cells are not directly innervated but separated from the processes by a vascular membrane (1).

Specific formaldehyde-induced fluorescence has been found in the neural processes within all parts of the gland and microspectrofluorimetric analyses have shown that both DA and NA (probably in a fairly equal ratio) are responsible for the fluorescence (2, 3). It was also found (2) by using animals which had been adapting for varying times to a white or to a black background that the fluorescence in the NIL varied according to the duration of the adaptation. The lowest levels of fluorescence were generally found in animals that were completely adapted to a white background and the highest amounts in those which had been kept on a black background for a long time (about 2 months) or in specimens recently (3-6 hrs) transferred to a white background. In the animals which had been adapting to the white background for 3-6 hrs the fluorescent material was evenly distributed in the neural lobe processes while in the animals which were fully adapted to the black background it had coalesced into semicircular structures near the vascular membrane.

A possible explanation for the variation in the amount of fluorescent material in relation to background adaptation is that the adrenergic nerves react and release transmitter when the animal is on a white background i.e. when MSH secretion is inhibited. Injections of CA-depleting drugs such as reserpine, 6-OHDA and 5-OHDA result in a maximal darkening of the skin and in a disappearance of the fluorescence in the NIL (4, 5, 2) which gives further support for the involvement of the CA nerves directly or indirectly in the

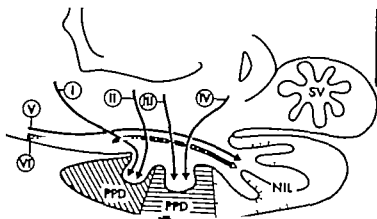


Fig 1 Schematic drawing of the pituitary of the eel indicating its nervous connections RPD rostral pars distalis; PPD proximal pars distalis; NIL neuro-intermediate lobe; SV saccus vasculosus; I-V fluorescent tracts; VI neuro-secretory tract Modified from (3)

inhibition of the MSH release. The direct action could be by diffusion of transmitter across the vascular membrane that separates the nerve endings from the endocrine cells.

The origin of the CA nerves of the pituitary has not been established with certainty. However, a certain pattern has been established (3). The PPD seems to receive its catecholamine nerves from paired frontal and dorsal tracts (Fig 1 tracts I and II). Also the PPD is innervated from a dorsal direction and some fibres approaching from a posterior direction have also been seen (Fig 1 tracts III and IV, both paired). Some of the nerves terminating in the pars distalis probably originate in the various parts of the paraventricular organ (PVO). This complex, situated in the walls bordering the third ventricle, contains mostly DA and to a lesser extent serotonin. The NA component in the pars distalis might originate in the lower brainstem, in the autonomous nervous system, or in the PVO-accompanying cells, i.e. large NA cells situated laterally to the frontal part of the PVO.

The NIL mainly receives its CA nerves via an unpaired median tract (Fig 1 tract V) which is arranged closely around the neurosecretory (NS) tract.

(Fig 1 tract VI) More frontally the fluorescent tract seems to become bilateral and more diffuse. After a lesion in the base of the pituitary between the PPD and the NIL an accumulation of fluorescent material was seen in this tract accompanied by a disappearance of the fluorescence in the NIL and a darkening of the animal.

Lesions in the hypothalamus (Fremberg in preparation) have verified that the secretion of MSH from the pars intermedia is predominantly under inhibitory control of the hypothalamus. Furthermore by making selective lesions it was found that the nerves inhibiting the MSH release are situated in a narrow strand close around the MS tract in agreement with the fluorescent tract described above. The MS tract is not involved in MSH inhibition.

The origin of the inhibitory fluorescent tract is still uncertain. From a comparative view the centres inhibiting MSH release might be expected to be situated in the diencephalon or telencephalon. So far only three aminergic nuclei have been established here with certainty (3) the PYO, the PYO-accompanying cells and the nucleus hypothalami anterior, the latter being situated immediately behind the commissura transversa. Any of these nuclei may be the source of the CA nerves involved in the inhibition of the MSH release. Further work to localize this system more precisely is in progress.

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# INFLUENCE OF SYMPATHETIC NERVES AMINE RECEPTORS AND ANTI ADRENERGIC DRUGS ON FOLLICULAR CONTRACTILITY AND OVULATION

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The contractile properties of ovarian tissue, including the follicular wall, have been known for more than half a century (1). The nature of the contractile elements involved has, however, been a matter of controversy, since the histological staining techniques available have not provided sufficient selectivity for the identification of specific systems of smooth muscle elements in the ovary. For this reason it has often been claimed that ovarian and follicular contractility is entirely a secondary phenomenon simply related to the contractile activity of smooth musculature in the ovarian vascular bed. When electron microscopy was applied to the problem, first by O'Shea (2), it became possible to demonstrate the presence of non-vascular cell structures in the ovary that could be classified as contractile. Also the theca externa of the Graafian follicle contains elements with the ultrastructural characteristics of contractile cells, i.e., containing myofibrils, dense bodies, and micropinocytotic vesicles (3, 4). Such cells are present in the entire theca externa with the exception of the most attenuated apex region, where the follicular rupture occurs. Because of the relatively low content of filaments in the smooth muscle-like cells, as well as the presence of transition forms between such cells and fibroblasts within the theca externa, it has still been questioned whether they should be regarded as true contractile smooth muscle cells. It therefore seemed important to obtain more specific evidence for the contractile nature of the (non-vascular) smooth muscle-like cell in the follicular wall. This has recently been achieved by immunohistochemical demonstration of contractile proteins, actin and myosin, in their cytoplasm, as shown in Fig. 1 (5, 6).

Using fluorescence microscopical techniques for the visualization of the sympathetic neurotransmitter (7, 8) it has been possible to show the presence of well-developed systems of non-vascular adrenergic nerve terminals both in the human ovary (3, 9) and in ovaries from other mammalian species (for references, see Bahr *et al.* 10). In a study focusing on the innervation of the human Graafian follicle it was found that adrenergic nerve terminals are present in the entire wall of the follicle except for the apex region; in directions away from

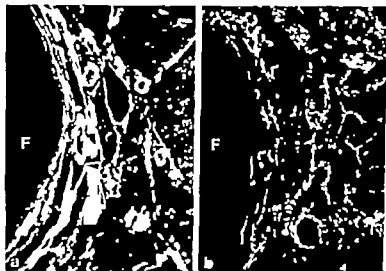


Fig. 1 Adjacent sections showing relationship of contractile cell and adrenergic nerves in the theca externa of a large rat follicle (F) and in adjacent stroma including blood vessels ( ) immunohistochemical demonstration of smooth muscle myosin. The theca externa contains intensely immunofluorescent smooth muscle cell and contractile cells are also found in strands within the stroma and in vessel walls X 105 (b) Adjacent section reacted with glyoxylic acid for visualization of adrenergic nerves. Several adrenergic terminals enter the theca externa to run in between the contractile cells in this layer X 105

this region the number of (non-vascular) nerve terminals increases and is highest in the intra-ovarian part of the follicle (3)

Attempts have been made to find possible relationship between the ovarian adrenergic nerve terminals and smooth muscle cell by treating adjacent sections of rat ovaries for immunohistochemistry of contractile proteins and for demonstration of adrenergic nerves by glyoxylic acid histochemistry (6). Comparison of the consecutive sections showed that the sympathetic axon terminals to a large extent ran in among the contractile cell in the follicular theca externa (Fig. 1b). At the ultrastructural level the sympathetic nerves could be selectively identified provided the tissue was preincubated in buffer solution containing the false adrenergic transmitter 5-hydroxydopamine which is taken up exclusively by adrenergic nerve terminals rendering their synaptic vesicles highly electron-dense. Numerous sympathetic nerve terminals could be seen in the theca externa of Graafian follicles and the axon varicosities approached the smooth muscle cell with membrane-to-membrane distance of less than 100 nm (3, 4, 11) indicating that there is functioning neuro-muscular relationship in the follicular wall (Fig. 2).

In order to obtain more direct evidence that the release of noradrenaline from the local



Fig. 2 Electron micrograph from the theca externa of an ovarian follicle from guinea-pig. A relaxed adrenergic nerve terminal (arrow) containing dense-core characteristic of adrenergic axon vesicles approaches the smooth muscle cells (mc) with neuro-muscular distance of only about 25  $\mu$ . X 8000

adrenergic nerves can induce contraction of the follicular wall. Transmural electrical stimulation of isolated strips from human follicles were carried out in vitro (3). When trains of electrical stimulation (at pulse duration of 0.6–2.0 ms and lasting for 5 sec) were applied, the follicle strip began to contract after short latency to reach maximum soon after cessation of the stimulation followed by rapid relaxation. The short pulse duration provides selective stimulation of the autonomic nerves without directly activating the smooth muscle cells. This was further confirmed by addition of tetrodotoxin which inhibits neural transmission through blockade of the  $\text{Na}^+/\text{K}^+$  membrane pump mechanism. Tetrodotoxin (at concentration  $1.3 \times 10^{-6} \text{ M}$ ) in the bath completely abolished the contractile response to electrical field stimulation while the direct effect of exogenous noradrenaline on the smooth musculature remained unchanged (Fig. 3). In another series of tests it was shown that addition of phentolamine (which inhibits the adrenergic  $\alpha$ -receptors) or bretylium (which blocks the adrenergic nerves) into the bath markedly inhibited the contraction induced by electrical stimulation. Thus the electrically induced contraction was mediated solely by the activation of the adrenergic system of autonomic nerves. The experiments prove that sufficient amounts of neurotransmitter can be released during activation of the follicular sympathetic nerves to produce marked contraction of the follicular wall. This contraction induced by noradrenaline is associated with dose-dependent increase in intrafollicular pressure which has been observed by direct measurements in isolated human follicles (3).



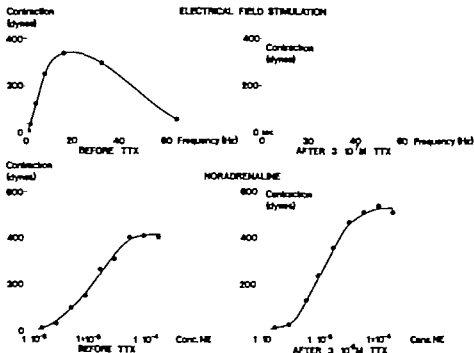


Fig. 3 Representative experiment showing the effect of tetrodotoxin on the response of follicle strips to transneuronal electric stimulation or noradrenaline. Upper curves: Response to electrical stimulation at increasing frequencies before and after application of tetrodotoxin respectively. Supramaximal voltage pulse duration 2 ms, duration of stimulation periods 5 sec. Lower curves: Effect of increasing concentrations of exogenous noradrenaline before and after application of tetrodotoxin. Noradrenaline induces contraction also in the presence of tetrodotoxin, confirming that tetrodotoxin has abolished the nerve-induced response selectively, whereas the smooth musculature has not been affected by the drug.

The adrenergic receptors mediating the nerve-induced motor activity of the follicular smooth muscles were characterized in pharmacological experiments utilizing the previously mentioned In Utero model (3, 12). Full log dose-response curves were plotted for the contractile force developed by the follicular strips after application of increasing doses of noradrenaline or other adrenergic agonists. The tests were carried out in the presence of cocaine ( $10^{-6}$  M) and nortetaneprine ( $10^{-6}$  M) in the bath to inhibit the neuronal and extraneuronal catecholamine uptake mechanisms, respectively, allowing for a quantitative evaluation of the responses. During the study of contractile receptors, isoproterenol ( $10^{-6}$  M) was present in the bath to avoid interference with any dilatory  $\beta$ -receptors. The order of potency by which the various adrenergic agonists produced follicular contraction was noradrenaline > adrenaline > phenylephrine > isoprenaline, indicating that  $\alpha$ -receptors mediated the



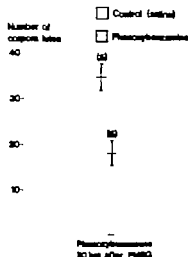


Fig. 5 Experiment on inhibition of ovulation in rats. Effect of phenoxybenzamine (injected locally into the ovarian sac on both sides of immature animals) on the number of corpora lutea induced by previous gonadotropin stimulation. The ovulation rate is markedly reduced in ovaries in which the  $\alpha$ -adrenergic receptors have been blocked, as compared with matched control animal injected only with saline into the ovarian sac.

that some kind of mechanical factor is involved. It is not necessary that such factor is implicated by increasing the follicular pressure to produce rupture of the follicular wall and expulsion of the ovum. It is generally assumed that intrafollicular pressure does not change in association with ovulation. However, it should be noticed that such studies have been performed without knowledge about the presently described adrenergic mechanisms which can indeed increase both follicular wall tension and pressure. Another possibility is that the smooth musculature provides one mechanical basis for the maintenance of the constant intrafollicular pressure claimed to exist during the period preceding follicular rupture. Any of these processes, primarily controlled by the gonadotropins, may be influenced by the sympathetic innervation. The sympathetic nerves might also act on the smooth muscle system in an entirely different way, for example related to those changes in the vascular bed required to produce the ischemia which seems to form part of the rupture mechanism. It may even be that the nerves do not primarily mediate motor function but have trophic influence on the development of the follicular wall or its transformation after ovulation.

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# 5-HYDROXYTRYPTAMINE-CONTAINING ENTEROCHROMAFFIN CELLS: STORAGE SITE OF SUBSTANCE P

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Substance P was detected by von Euler and Gaddum (1) in extracts of brain and intestine by virtue of its potent hypotensive and gut smooth muscle stimulating effects. Recently substance P was isolated and found to be an 11-amino acid peptide (2). By immunohistochemistry substance P has been found to have dual distribution: in the gut, in system of intrinsic nerves and in endocrine-like cells scattered in the mucosa (3, 4). From the distribution pattern of the immunoreactive endocrine-like cells it was suggested that they belonged to the system of enterochromaffin cells known to be the storage site of 5-hydroxytryptamine (5-HT) (cf. 5). The recent finding of large amounts of substance P immunoreactive material in certain 5-HT-producing gut carcinoid tumours (6, 7) supports this assumption. In order to get direct evidence for the occurrence of substance P immunoreactivity in enterochromaffin cells, a study was performed on the mouse colon known to be fairly rich in substance P immunoreactive cells (3). Specimens were dissected out and frozen in propane-propylene mixture cooled to the temperature of liquid nitrogen and freeze-dried. Some specimens were exposed to diethylpyrocarbonate (DEPC) vapours for 3 hrs at 55°C (8) while others were treated with formaldehyde vapours for 1 hr at 80°C (standard Falck-Hillarp procedure (9)). All specimens were embedded in paraffin *in vacuo*. Sections were cut at 5 µm and placed on albuminized glass slides.

Formaldehyde vapour fixation induces strong fluorescence from 5-HT (9) but preserves substance P immunoreactivity only poorly. DEPC fixation has previously been found to give an excellent preservation of substance P immunoreactivity (3, 4). This fixation does not visualize 5-HT.

In order to enable visualization of both 5-HT and substance P immunoreactivity sequentially in one and the same tissue section two alternatives were tried: 1. Non-deparaffinized sections from DEPC-treated material were exposed to formaldehyde vapour for 2 hrs at 80°C. This treatment induced weak to moderate yellow fluorescence typical of 5-HT in the enterochromaffin cells. 2. Sections from formaldehyde-treated material were used. As could be expected the enterochromaffin cells displayed intense yellow fluorescence due to their content of 5-HT. Several sections were examined and photographed. They were then processed for the immunohistochemical demonstration of

P using the PAP technique of Sternberger (10). The substance P antiserum (as kindly supplied by Dr Göran Nilsson, Department of Pharmacology, Karolinska, Stockholm, Sweden) was used in dilution 1:20 (alternative 1) or 1:10 (alternative 2). Controls served sections incubated with antiserum inactivated by the addition of antigen (100 µg of synthetic substance P per ml diluted antiserum).

Both alternatives permitted the subsequent immunohistochemical demonstration of substance P. However, though clearly visible, the intensity of immunoreaction after treatment with formaldehyde or DEPC plus formaldehyde was weaker than that in sections from material treated with DEPC alone. This could, at least partly, be improved by using the substance P antiserum in lower dilution. As previously shown, substance P immunoreactivity occurred in nerve fibres predominating in the smooth muscle layer, scattered endocrine-like cells in the mucosal epithelium. Comparison of photomicrographs of 5-HT-fluorescent cells with substance P immunoreactive cells in the same section showed that the latter cells were identical with 5-HT-containing cells (Fig. 1). From our estimate it appears that one out of four enterochromaffin cells in mouse colon display substance P immunoreactivity.



Fig. 1

Mouse colon: formaldehyde vapour fixation. Left: Two adjacent enterochromaffin cells in crypt epithelium displaying intense yellow fluorescence due to their content of 5-HT. Right: Same section. Immunohistochemical demonstration of substance P (PAP technique). The two enterochromaffin cells (arrow) display substance P immunoreactivity. (X 300)

It can thus be concluded that the substance P cells in the gut mucosa are identical with sub-population of 5-HT-containing enterochromaffin cells. Similar results have recently been obtained by Heltz et al (11) on rabbit bile duct and human duodenum. However, in contrast to these authors we invariably find substance P immunoreactive cells to contain 5-HT.

Acknowledgement Grant support from the Swedish Medical Research Council (04X-4499)

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# SEROTONIN AS MARKER FOR THE SECRETORY GRANULES IN THE PANCREATIC $\beta$ -CELL

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The occurrence and function of biogenic amines in endocrine organs have been subject to intensive study since Falck and Hellman (1,2) described formaldehyde induced fluorescence in different cells of the islets of Langerhans. Although some polypeptide hormone-producing cells lack detectable amounts of naturally occurring amines, the ability to take up and decarboxylate amine precursors seems to be a general phenomenon (3). Whereas the insulin-producing  $\beta$ -cells from the guinea pig contain easily detectable amounts of amines (2), the detection of natural amines in the mouse  $\beta$ -cells is difficult (4). However, these cells readily take up 5-hydroxytryptophan and decarboxylate it to serotonin (5,6). Studies with electron microscopic histochemistry (9), autoradiography (10) and subcellular fractionation of islet homogenates (11) have suggested that the serotonin is stored within the insulin-containing secretory granules of the  $\beta$ -cells. The proposed intragranular localization of serotonin initiated studies on its possible use as a marker for the  $\beta$ -granules and their release of insulin in response to glucose stimulation of the  $\beta$ -cells. Hellman et al (11) used batch type of incubations in an attempt to study concomitant release of insulin and serotonin after preloading islets with radioactive serotonin. Since there was no parallelism between the amounts of insulin and the radioactivity in the incubation medium in those experiments, a more sensitive approach was tested utilizing the time resolution of a microperfusion system.

$\beta$ -cell rich pancreatic islets were microdissected from obese-hyperglycemic mice. The islets were preloaded with radioactivity during 120 min incubation in a salt-balanced Tris buffer (12) supplemented with  $17 \mu\text{M}$   $^3\text{H}$ -5-hydroxytryptophan,  $1 \text{ mM}$  of the monoamine oxidase inhibitor Pargyline and  $20 \text{ mM}$  glucose. After preloading, the islets were rinsed for 10 min in the same medium containing  $1 \text{ mM}$  Pargyline and  $3 \text{ mM}$  glucose. The rinsing was followed by perfusion of  $10 \text{ sL}$  in each of two channels of a microperfusion system. The medium used was a Hepes buffered Krebs-Ringer solution (13) supplemented with  $1 \text{ mM}$  Pargyline and  $3$  or  $20 \text{ mM}$  glucose as indicated by the black bar in the figures. At the beginning of perfusion, the islets contained about  $1.5 \text{ nmol/L}$  dry weight of 5-hydroxytryptophan equivalents; an amount which decreased by about  $60 \%$  during  $1$  min of perfusion. Analysis of the perfusion medium by means of densitometry and microchromatography (8) revealed that more than  $90 \%$  of the released

was released as serotonin justifying the term serotonin efflux. In the first experiments islets isolated from fed mice were used since such islets are known to respond readily to glucose stimulation with insulin release. The lower curve of Fig 1 shows that glucose stimulated serotonin efflux from this type of islet. A parallel experiment (upper curve) was performed in the presence of 1 mM 3-isobutyl 1-methylxanthine (IBMX) which is a potentiator of glucose-stimulated insulin release. It is obvious that the glucose effect on serotonin efflux was potentiated by this phosphodiesterase inhibitor.

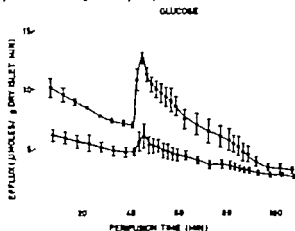


Fig 1

Pancreatic islets isolated from mice starved for a long period of time are characterized by an impairment of glucose-stimulated insulin release (14). Fig 2 shows that glucose has no effect on serotonin efflux when the experimental animals have been starved for 3 days.

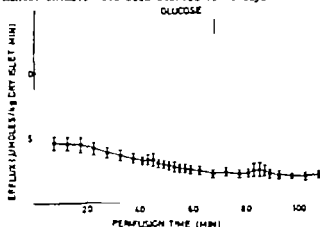
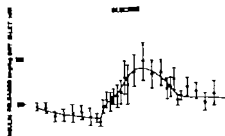


Fig 2



Phosphodiesterase inhibitors are known to restore the glucose effect on insulin release after starvation (14). When 1 mM IBMX was added to the perfusion medium both glucose stimulation of insulin release and serotonin efflux were observed using islets isolated from mice which had been starved for 3 days (Fig. 3).

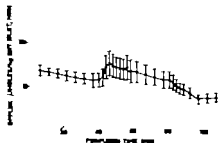


Fig. 3

An effective way to abolish glucose-stimulated insulin release is to exclude  $\text{Ca}^{++}$  from the medium. Fig. 4 shows serotonin efflux in the presence of 1 mM IBMX. In one of the two parallel experiments (lower curve) no  $\text{Ca}^{++}$  was added and the medium was supplemented with 0.5 mM EGTA. It is clear that lack of  $\text{Ca}^{++}$  also inhibited glucose-stimulated serotonin efflux.

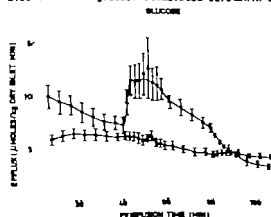


Fig. 4

Adrenaline is a potent inhibitor of glucose-stimulated insulin release. The lower curve of Fig. 5 shows that 2  $\mu\text{g/l}$  effectively inhibits also the glucose-stimulated serotonin efflux in the presence of 0.1 mM IBMX.

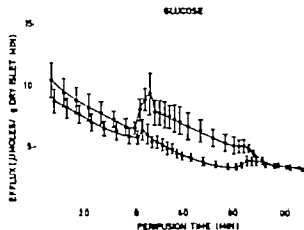


Fig 5

In summary: The present results show a complete parallelism between the effects whether stimulatory or inhibitory on serotonin efflux and insulin release thus supporting the idea of an intragranular localization of serotonin. It is suggested that serotonin can be used as a marker for the  $\alpha$ -granules and their release of insulin via exocytosis. Apart from the suggested insulin associated release of serotonin there is also a serotonin efflux depending on non-exocytotic transport of serotonin across the plasma membrane.

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ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 454

Studies on the Regulation of Metabolism  
in Human Skeletal Muscle  
using Intermittent Exercise  
as an Experimental Model

By  
BURGITTA ESSÉN

STOCKHOLM 1978





ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 454

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## Contents

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The thesis is based on the following papers:

- I Utilization of blood borne and intramuscular substrates during continuous and intermittent exercise in man B Essén L Hagenfeldt and L Kaijser  
J Physiol 1977 265 489-506
- II Metabolic characteristics of fibre types in human skeletal muscle B Essén  
E Jansson J Henriksson A W Taylor and B Saltin Acta Physiol Scand  
1975 95 153-165
- III Glycogen depletion of different fibre types in human skeletal muscle during intermittent and continuous exercise B Essén Submitted for publication in Acta Physiol Scand
- IV Regulation of glycolysis in intermittent exercise in man B Essén and L Kaijser Submitted for publication in J Physiol

The papers will be referred to by their Roman numerals

In addition some hitherto unpublished results will be presented

# Abbreviations appearing in the text and figures

AMP	= Adenosine monophosphat
ADP	= Adenosine diphosphate
ATP	= Adenosin triphosphate
CP	= Creatine phosphate
DHAP	= Dihydroxy acetone phosphate
FFA	= Free fatty acids
F 6-P	= Fructose 6-phosphat
F 1 6-P <sub>2</sub>	Fructose 1 6-diphosphate
G-1 P	= Glucose 1 phosphate
G-6 P	Glucose-6 phosphate
GAP	= Glyceraldehyde 3 phosphate
GI 1 P	= Glycerol 1-phosphat
HK	= Hexokinase
ICDH	= Isocitrat dehydrogenase
NAD	= Nicotinamid adenine dinucleotide
NADH	= Nicotinamide adenine dinucleotide (reduced form)
PDH	Pyruvat dehydrogenase
PFK	= Phosphofructokinase
P <sub>i</sub>	= Inorganic phosphate
SDH	= Succinat dehydrogenase



## Introduction

The proportion of energy production in exercising skeletal muscle derived from different extra- and intramuscular sources depends to a large extent on mode, intensity and duration of work as well as on factors such as diet and physical work capacity (for ref. see Gollnick 1977, Wehren 1977). The metabolic pathways for the degradation of lipids and carbohydrates to release energy for muscle work involves a complex system of regulatory mechanisms (nervous, hormonal and cellular). These determine the interplay between lipid and carbohydrate utilization by affecting the rate-limiting enzymatic steps thereby changing the rate through the pathways so that energy is released in relation to demand (for ref. see Scrutton and Utt 1968, Newsholme and Start 1973). Information on the regulation of metabolism has to a great extent been obtained from animal in vitro studies preferentially on the rat heart. Various experimental conditions have been used such as hypoxia, chemical, mechanical activity as well as perfusion studies with different substrates (for ref. see Neely, Rovetto and O'Rand 1972). Furthermore studies have been made in vitro on the properties of the regulatory enzymes. Such studies have shown that carbohydrate utilization is affected by intracellular factors stimulating or inhibiting glycolysis at the hexokinase, phosphorylase, phosphofructokinase and pyruvate dehydrogenase steps (Neely and Morgan 1974). Any process that consumes ATP in the cell during physical work will simultaneously increase the ADP/ATP and  $P_i$  (Cal and DeL 1962) levels which are shown to stimulate the PFK step (Passonneau and Lowry 1962) whereas increased level of ATP and CP on the other hand inhibit this step (Mansour 1963, Krzanowski and Matschinsky 1969). Change in the  $\frac{ADP}{ATP}$  ratio is then considered to be an important feedback signal regulating the rate of glycolysis and ATP formation. Furthermore a decrease in fatty acid availability suppresses carbohydrate utilization by inhibition of glycolysis at the PFK step which is considered to be mediated by increased citrate levels (Gerl and Randle and Newsholme 1963, Perregiani and Bowser 1963, Passonneau and Lowry 1963). In addition it is shown that glycolysis is also inhibited by lowering of pH which affects the PFK and phosphorylase steps (Danforth 1965). Thus, changed level of substrates and metabolic as well as altered pH affect the rate of glycolysis.

Skeletal muscle is composed of a mixture of fibres of different types having different metabolic characteristics (Heedham 1926). The red fibres have many mitochondria and enzyme systems for oxidative metabolism, large blood supply and high myoglobin content indicating a high oxidative capacity. Lipid content is the main fuel and glycogen content is very low. The white fibres on the other hand have few mitochondria and enzyme systems for lactate production, small

amounts of myoglobin and a limited blood supply thus indicating a high glycolytic capacity. Glycogen content is large and lipid stores small (Beatty and Bock 1970). It has also been shown in the pigeon pectoralis muscles that white fibres are involved in brief bursts of intense activity whereas red fibres are only involved in sustained activity (Parker and George 1975).

In several animals the proportion of each muscle consist predominately of one fibre type (Dubowitz and Pearse 1960). In man fibre types are mixed in most muscle groups (Edstöm and Myström 1969, Gollnick, Armstrong, Sæbert, IV, Plehl and Saltin 1972). Thus in man these fibres must be studied separately for a more detailed analysis of metabolic regulation as whole muscles only give an overall picture. It is then essential to relate the metabolic response to the degree of involvement of different fibre types in specific work situations.

Work of such a high intensity that it can be sustained during only a short period of time is accompanied by a high rate of glycogen depletion and lactate accumulation and a great contribution of carbohydrate to oxidative metabolism (Pruett 1970, Saltin and Karlsson 1971). However, when work of an equally high work load is performed as intermittent exercise in short bouts interrupted by short rest periods it can be sustained for an extensive period of time and energy demand will fluctuate from a high to a low level between the work and rest periods (Åstrand, Åst and Christensen and Hedman 1960). Metabolic response will be more similar to continuous moderate than to intense exercise with lower glycogen depletion, smaller lactate accumulation (Saltin and Essén 1971, Edgerton, Essén, Saltin and Siu 1975) and significant utilization of lipids is suggested from respiratory exchange ratio ( $R$ ) (Christensen, Hedman and Saltin 1960). Consequently if intermittent and continuous work of equal loads are compared the metabolic response is seen to be different (for details see Saltin, Essén and Pedersen 1976).

The difference in substrate utilization between intermittent and continuous intense exercise may be due either to different patterns of fibre type activation in the two situations or that factors regulating substrate utilization are brought into play during the rest periods of intermittent exercise. Among the varied possibilities for regulation the present study focuses upon the following hypothesis. With each work period in intermittent intense exercise high energy phosphates are consumed and leads to stimulation of glycolysis and citric acid cycle activity while in the rest periods ATP and CP are resynthesized and glycolysis and citric acid cycle activity is retarded. Also, in the early phase of each rest period when citric acid cycle activity is still high, the citrate level will be low. But the more citric acid cycle activity is retarded the more citrate will accumulate due to an assumed continuous acetyl-CoA production from fatty



acid oxidation. The citrate will then penetrate the mitochondrial membrane and effect the limiting steps of glycolysis thereby further retarding glycolysis. In the beginning of the subsequent work period. A comparison of continuous and intermittent exercise thus offers opportunities for the analysis of mechanisms which contribute to the regulation of glycolysis in intact man.

To test this hypothesis the present series of experiments were performed and the specific aims were:

1. To study quantitatively intra- and extramuscular carbohydrate and lipid utilization in intermittent and continuous exercise.
2. To study the glycogen depletion pattern in different fibre types in connection with exercise and to evaluate whether or not specific activation pattern for muscle fibre involvement can explain differences in metabolic response. For this purpose and for studies of the metabolic characteristics in different fibre types methods were developed for quantitative analyses of substrate levels and enzyme activities in single muscle fibres in the human skeletal muscle.
3. To analyse the metabolic changes during rest and work periods in intermittent intense exercise in order to elucidate the metabolic events during rest period which might be of importance for the substrate utilization in the subsequent work bout.

## Material and Method

### Subjects

Altogether 17 teen healthy men participated in studies I, III and IV. They were firemen, policemen or student of which most studied physical training. They were aged 24 years (20-41), age 180 cm (174-193) in height, 74 kg (62-87) in weight and 3.9 l/min (2.9-4.3) in maximal oxygen uptake. In study II thirty-five healthy men and five healthy women aged 20-39 years with different occupational and outline physical activity levels participated.

All subjects were informed of the nature, purpose and possible risks involved before giving their voluntary consent to participate.

The investigations were approved by the Ethical Committee at Karolinska Institute.

### Experiment I procedure

All exercise tests were performed in the upright position on an electro-dynamically loaded bicycle ergometer (Siemens-Elema, Stockholm, Sweden) at 60 revolutions per minute. Maximal oxygen uptake was determined after 6 min warm-up to a submaximal work load in preparatory test.

In study I the contribution from carbohydrates and lipid to oxidative meta-

bolism was studied in five subjects during 60 min intermittent intense exercise (15 sec work 15 sec rest) at a load that demands maximal oxygen uptake with continuous exercise (mean 299 W) and compared to 60 min of continuous exercise at a load (mean 157 W) selected to yield the same integrated oxygen uptake. Thus approximately the same total amount of work was performed in the two types of exercise.

Catheters were inserted percutaneously into both femoral veins and the femoral artery on one side. The tips of the femoral catheters were introduced approximately 8 cm in the proximal direction. Blood samples were drawn simultaneously from artery and vein at different time intervals during the experiment for analyses of arterio-venous differences of substrates, oxygen and carbon dioxide. Leg blood flow was analysed at 15 and 50 min by analyses of arterio-venous differences of dye infused in the artery.  $^{14}\text{C}$ -oleic acid was infused between the 50th and the 60th min of work for estimation of fatty acid uptake. Muscle biopsies from the vastus lateralis of m. quadriceps femoris were obtained at rest and after 5 and 60 min of work for analyses of intramuscular substrates.

In study II muscle biopsies were taken at rest from vastus lateralis, m. soleus, m. gastrocnemius and m. deltoides in order to study metabolic characteristics of the different fibre types in human muscle. This study was intended to serve as background to study III in which the glycogen depletion within the different fibre types was analysed during 60 min intermittent exercise (15 sec work 15 sec rest) at a similar load as in study I (299 W), 60 min continuous exercise of approximately half that intensity (157 W) and 4 to 5 min continuous exercise at maximal intensity (266 W).

In study IV 60 min intermittent exercise (15 sec work 15 sec rest) was performed at the same high work load as in study I and III (284 W) and compared to continuous exercise of similar work load (280 W) to exhaustion in order to study metabolites which might have affected glycolysis in intermittent exercise. Muscle biopsies from vastus lateralis were obtained both at the end of a work and a rest period. In continuous exercise muscle biopsies were obtained at end of work and during the subsequent rest period.

#### Analytical methods

Oxygen uptake and heart rate. Expired air was collected in Douglas bags and the volume measured by a spirometer.  $\text{O}_2$  and  $\text{CO}_2$  were analysed with the Haldane technique. Heart rate was determined from electrocardiograph recordings.

Leg blood flow. Leg blood flow was determined by constant infusion of indocyanine green (Cindocin<sup>®</sup>) dye in the femoral artery as described by Jorfeldt and Wahren (1971).

Blood analyses Glucose was analysed in whole blood by the glucose oxidase reaction (Huggitt and Nixon 1957). Pyruvate, lactate, glycerol and citrate were determined by deproteinizing 0.2 ml of whole blood in 1 ml ice-chilled 0.6 M perchloric acid and then extracting the sample with potassium bicarbonate. After centrifugation an aliquot was taken from the supernatant and analysed by enzymatic fluorimetric methods as described by Lowry and Passonneau (1973). Free fatty acids in plasma were analysed by gas-liquid chromatography (Hagenfeldt 1966). Oxygen and carbon dioxide content in blood were analysed with the van Slyke technique (Peters and van Slyke 1932).

FFA turnover and regional exchange. Albumin-bound [ $^{14}\text{C}$ -oleic acid was infused continuously at constant rate of approximately 0.4  $\mu\text{Ci}/\text{min}$  after 50 min exercise and simultaneous arterial and venous samples were then taken for the estimation of [ $^{14}\text{C}$ -oleic acid specific activity (Hagenfeldt and Wahren 1968). Turnover rate of oleic acid as well as log uptake and release of total FFA were calculated as described by Wahren, Hagenfeldt and Falig (1975).

Muscle biopsy technique. Muscle biopsies were obtained using the percutaneous needle biopsy technique (Björström 1962). The skin and fascia 12-16 cm above the patella on the lateral portion of the thigh were anaesthetized by xylocaine or carbocaine and an incision was made through skin and fascia with scalpel. The biopsy needle was inserted 3-4 cm into the muscle and after withdrawal the muscle sample was frozen immediately in liquid nitrogen and stored at  $-80^\circ\text{C}$  until analysed. Not more than two samples were obtained from the same incision.

Comment on analyses of biopsy samples. One of the major problems with the biopsy technique is that muscle biopsies during work are taken after the muscle has stopped contracting i.e. at the best 3-6 sec after the end of work. Changes occurring in the muscle during the few seconds lapsing from the end of muscle contraction to cutting a muscle piece with the biopsy needle have not been directly studied in man. Differences shown between immediately at end of work period and 15 sec later i.e. during phases of intermittent exercise are in all probability qualitatively correct although the fluctuation occurring in the muscle over the rest period is quantitatively very hard to determine.

Changes may also occur during the time laps between freezing to freezing of the muscle samples. This was studied in a control experiment. Two samples were obtained at rest and six samples after continuous exercise to exhaustion and the obtained muscle sample was divided into several parts. The first part was frozen within 5-10 sec and the remaining part after further delay of up to 60 sec. The results shown in figure 1 illustrate that only slight changes seem to occur for most metabolites and the variations were within the methodological error.

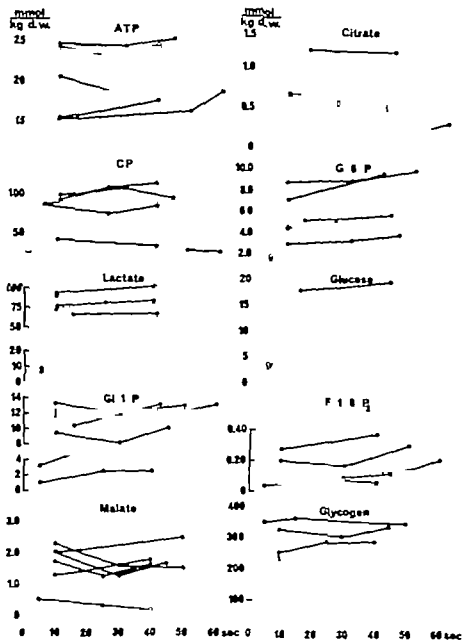


Figure 1 Content of ATP, CP, lactate, Gl-1-P, malate, citrate, G-6-P, glucose, F-1-6-P, and glycogen in muscle frozen in liquid nitrogen at different time intervals after the biopsy was obtained from the muscle.  
 o = biopsies taken at rest, e = biopsies taken at exercise to exhaustion

Only lactate seems to increase slightly with time. Thus the samples in the present study have not been the subject of any drastic changes during handling as they were always frozen within seconds. The above data indicate that biopsy data qualitatively reflect the state of metabolism in the muscle tissue and the quantitative error is probably rather small.

**Muscle analysis** The muscle samples were weighed at 20°C and analyses were performed either (study I) on the wet tissue or on freeze-dried material (study II, III and IV). Analysis on wet tissue is desirable when comparing concentrations of soluble metabolites in muscle and blood. However, the great admixture of blood, adipose and connective tissue which sometimes is found in a muscle sample makes the dissected freeze-dried material preferable for comparison of intramuscular metabolites.

The freeze-dried material was weighed at constant temperature (23°C) and humidity (35%) on a Cahn electrobalance, thereafter extracted in ice-cooled 1.5 M perchloric acid and neutralized with 2 M potassium bicarbonate.

After centrifugation aliquots from the supernatant were taken for enzymatic fluorimetric analysis of different intermediates (ATP, CP, G-6-P, F-1-6-P<sub>2</sub>, Gl-1-P, malate, lactic acid, glucose, lactate) of the metabolic pathways described by Lowry et al. (1973). Glycogen was analysed as glucose residues after the muscle sample had been hydrolysed with 1 M HCl at 100°C for 2 hours (Eisen and Henriksson 1974). Triglycerides were analysed by extraction of neutral fats from the muscle sample with Folch extract. The chloroform phase was retained and after evaporation hydrolysed and glycerol content was then determined (Chen et al. 1969).

**Preparation and classification of fibres**

Freeze-dried material was placed under a dissection microscope (40-80 X) and fragments of single fibres were dissected out. The fibres were then cut into one longer part taken for biochemical analyses after being weighed on a quartz fibre balance and smaller parts taken for classification. In type I, IIA and IIB fibres by staining for myofibrillar ATPase at pH 9.4 after cold and alkaline pre-incubation. Analyses of ATP, CP and citrate were performed on 50-150 µg pooled fibres of the same type.

The methodological error of blood and muscle analyses (n=20 sample) expressed as the coefficient of variation (C.V.) of single values

$$(C.V. = SD \text{ of the difference between double values} \cdot \frac{1}{\sqrt{2}} \cdot \frac{100}{R})$$

**Blood analyses** Glucose 1.7%, lactate 3.6%, pyruvate 7.5%, FFA 2%, glycerol 7%, O<sub>2</sub> content (sat. 95%) 0.7%, O<sub>2</sub> content (sat. 35%) 2.1%, CO<sub>2</sub> content 0.6%.

Muscle analyses (Two places from the same biopsy) Glycogen 6.3 % triglyceride 17.0 % lactate 4.2 % G I P 4.3 % malate 7 % ATP 4.5 % CP 5.7 % citrate 7.5 % glucose 6.1 % G 6 P 7.2 % F 1 6-P<sub>2</sub> 8.2 %

### Results

Oxygen uptake heart rate blood flow and respiratory exchange ratio (study I III IV)

Oxygen uptake and heart rate with intermittent intense exercise (15 sec work 15 sec rest) were similar to continuous exercise at half the work load and corresponded to 50-60 %  $\dot{V}O_2$  max. Continuous intense exercise at similar high work load demanded 100 %  $\dot{V}O_2$  max (Fig. 2)

Arterial femoral venous (a-fv) oxygen difference in intermittent intense was 10 % higher than with continuous moderate exercise whereas the contrary was found for blood flow. Thus the leg oxygen uptake calculated from a-f oxygen difference and leg blood flow and the lung oxygen uptake were similar in the two situations. Similar values (0.87-0.90) for leg respiratory exchange ratio (RQ) and lung respiratory exchange ratio (R) were also observed with intermittent intense and continuous moderate exercise.

Blood borne substrates (study I) (Fig. 2)

Arterial glucose concentration did not change significantly during 60 min intermittent intense or continuous moderate exercise. The glucose uptake was similar in the two situations, the lowest values being found in the early phase of exercise and the highest at end of the exercise period.

Arterial lactate concentration increased to a similar magnitude in the early phase of continuous moderate and intermittent intense exercise but remained at the same level throughout intermittent exercise whereas with continuous moderate exercise a progressive decrease occurred. A net release of lactate was found during the whole period of intense intermittent exercise in contrast to continuous moderate exercise. A similar pattern as for lactate was seen for pyruvate.

No significant difference in arterial fatty acid concentration was found between the two modes of exercise and similar leg uptake and release as well as total turnover rate was found in the two situations.

Intramuscular substrate and metabolites (study I III IV) (Fig. 3)

Glycogen depletion was similar in intermittent intense and continuous moderate exercise after both 5 and 60 min duration. Significantly more marked depletion was found after 5 min of continuous intense exercise than after the corresponding period of intermittent exercise. In five additional subjects in similar experiments as in study I the total glycogen content was further investigated at rest.

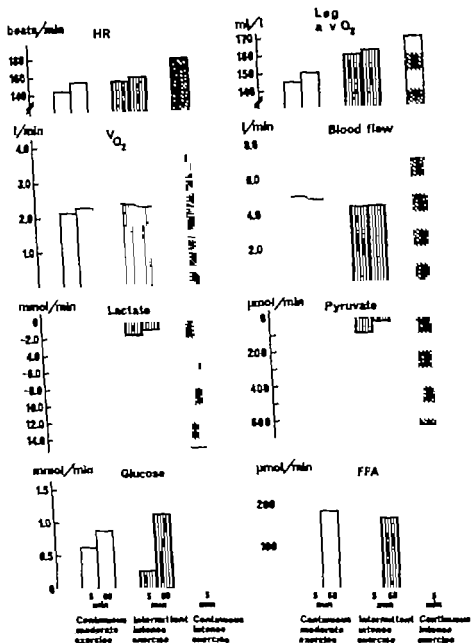


Fig 2 Values from study I, III and IV on heat rat: oxygen uptake, leg  $a-vO_2$  difference, blood flow and uptake and release of lactate, pyruvate, glucose and FFA at 5 and 60 ml of continuous moderate and intermittent intense and 5 min continuous intense exercise to exhaustion. Partly hatched bars denote values obtained from literature (Kajise 1970, Wahren and Jorff 1971). Work load in intermittent and continuous intense exercise is almost twice that in continuous moderate exercise.

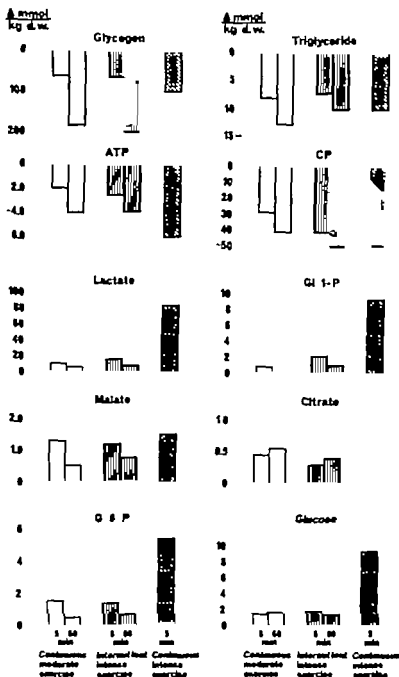


Figure 3 Values from study I, III and IV on the increase or decrease in glycogen, triglyceride, ATP, CP, lactate, Gl 1-P, malate, citrate, G 6-P and glucose after 5 and 60 min continuous moderate and intermittent intense and 5 min continuous intense exercise to exhaustion. Work load in intermittent and continuous intense exercise is almost twice that in continuous moderate exercise.



and after 5 and 60 min of Intermittent Intense and continuous moderate exercise (Table 1). Triglyceride content had decreased after 5 min in intermittent as well as in continuous moderate exercise. A slight further decrease in triglyceride content was found after 60 min of both intermittent intense and continuous moderate exercise.

For comparison purposes triglyceride content was analysed at rest and after exercise in three of the subjects that performed continuous intense exercise to exhaustion in study IV (Table 1). All three subjects showed a decreased value after 5 min continuous intense exercise.

Furthermore, in three additional subjects performing continuous moderate exercise as in study I, G-6-P, glucose, lactate, ATP and CP were analysed after 5 and 60 min for comparison with intermittent exercise (Fig. 3). Intramuscular glucose, G-6-P, Gl-1-P and lactate content increased slightly and similarly after work periods in intermittent intense and with moderate continuous exercise in contrast to continuous intense exercise where significantly more marked increase was found. Both ATP and CP content decreased after work periods with intermittent intense and continuous moderate exercise and more so with continuous intense exercise. Citrate on the other hand was increased slightly with both intermittent intense and continuous moderate exercise whereas with continuous intense exercise no change from basal level was found. F1-6-P<sub>2</sub> content was slightly

Table 1 Triglyceride content (mmol/kg dry weight) in muscle at rest and after various types of exercise

Subject	Continuous moderate exercise (mean 140 watt)					Intermittent intense exercise (mean 270 watt)				
	1	2	3	4	5	1	2	3	4	5
Rest	35	35	32	41	33	51	34	32	49	39
5 min	22	28	28	44	18	29	32	21	47	35
60 min	20	26	23	30	18	27	28	25	30	37

Continuous intense exercise (mean 300 watt)

Subject	6	7	8
Rest	53	34	23
5 min	40	20	20

Increased with both Intermittent and continuous intense exercise  
 Metabolite changes in rest periods Intermittent exercise (study I-IV)(Fig 4)  
 With Intermittent intense exercise Increased levels for ATP, CP and citrate were found at end of a rest period compared to end of a work period. G 6 P content tended to increase and F 1 6-P<sub>2</sub> content to decrease with each rest period and thus  $\frac{G 6 P}{F 1 6-P_2}$  ratio changed and was higher at the end than at the beginning of the rest period. Gl 1 P and lactate on the other hand both tended to decrease with each rest period.

Metabolite changes in recovery in continuous intense exercise (study IV)(Fig 4)  
 ATP, CP and citrate showed progressive increase also in the 3 min recovery phase after continuous intense exercise. An increased  $\frac{G 6 P}{F 1 6-P_2}$  ratio was also found after 1 min of recovery compared to immediately after continuous exercise to exhaustion. Lactate and Gl 1 P both increased slightly over the first 15 sec of recovery but were significantly lower than this value after 3 min of recovery. Substrate content, phosphorylation level and enzyme activities in different fibre types (study II-III)

The glycogen content was found to be only slightly but significantly higher in type II than type I fibres although large variation around the mean was found for both type I and II fibres. In contrast the intramuscular triglyceride

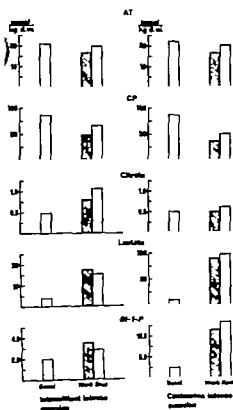


Figure 4 ATP, CP, Lactate, Gl 1 P and lactate content 1 at rest (basal) and at the end of 15 sec work period and 15 sec rest period in intermittent exercise (data from 5, 15, 30 and 60 min combined) 2 at rest immediately and 15-20 sec after 5 min continuous intense exercise. Equally high work load in both situations.

content was 1.5-2 times higher in type I fibres. The oxidative potential of the fibre types as indicated by SDH activity was approximately 1.5 times higher in type I than type II fibres whereas the glycolytic potential as indicated by PFK activity was twice as high in type II.

Glycogen utilization in different fibre types (study III) (Fig. 5)

With continuous moderate exercise a more pronounced depletion of glycogen occurred in type I than type II fibres whereas the opposite was found with continuous intense exercise. In intermittent intense exercise the depletion was smaller in the two fibre types but smaller per unit time than with continuous intense exercise.

ATP, CP and citrate content in different fibre types with continuous intense exercise (Fig. 6)

ATP, CP and citrate were analysed on pooled fibres of either type I or type II. At rest the basal value in both fibre types was similar as regard ATP but for CP slightly higher in type II fibres. A marked decrease had occurred for ATP and CP in both type I and II fibres at the end of continuous exercise to exhaustion and after 3 min recovery an increased level was found. Citrate content was 1.11 sample higher in type I than type II fibres at rest as well as during the whole period of recovery. At end of exercise the citrate

$\Delta$  Glycogen,  
mmol  
kg d.w.

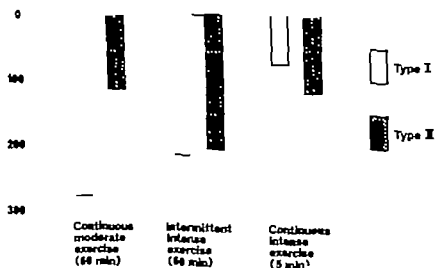


Fig. 5 Glycogen depletion in type I and II fibres after 60 min continuous moderate and intermittent intense exercise and 5 min continuous intense exercise.

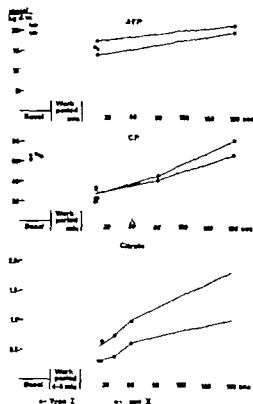


Figure 6 ATP, CP and citrate content of type I and II fibres at rest (basal) and at different time intervals in recovery after continuous exercise to exhaustion.

content was not different from basal but the latter showed a progressive increase in both fibre types.

### Discussion

One of the basic findings of the present series of experiments is that at similar high work loads less glycogen is utilized and lipid content remains relatively stable when exercise is performed intermittently (15 sec work 15 sec rest) than continuously. The overall metabolic response to intermittent exercise is more similar to continuous exercise at about half the load than at an equally high work load. This may be due either to factors which affect the rate of the metabolic pathways or alternatively to different involvement of fibre types. In the following both possibilities will be discussed in detail.

**Substrate utilization**

Earlier studies on intermittent and continuous intense exercise have indicated a different metabolic response as seen from blood lactate and respiratory exchange ratio (Åstrand *et al.* 1960, Christensen *et al.* 1960). That the metabolic response with continuous and intermittent intense exercise differed markedly at the same work load was also confirmed in the present study (Figs. 2 and 3). With continuous intense exercise there was a marked glycogen depletion and pyruvate

ate was converted to lactate for the reoxidation of NADH to NAD. Lactate production must have been even greater than suggested from the accumulation of lactate in the muscle since there also is a release from muscle. The amount of lactate release in this situation was not measured but has been calculated from literature data on arterial-venous difference for lactate (Kajiser 1970) and blood flow (J. Fridtjofsen *et al.* 1971) and is included in Fig. 2. The marked increase in G1-1-P and malate found with continuous intense exercise further suggests that the conversion of dihydroxyacetonephosphate (DHAP) to G1-1-P and oxalacetate to malate can be utilized as supplementary pathways for reoxidation of NADH.

The above findings and literature data on glucose uptake and integrated leg oxygen uptake suggest that the greatest part of the energy demand during continuous intense exercise is covered by glycogen breakdown (Åstrand and Saltin 1961, Kajiser 1970).

Less glycogen was used per unit time when intense exercise was performed intermittently than when it was performed continuously. This glycogen saving effect seems to have been accomplished both by a shift towards more oxidative metabolism and by a greater contribution from other substrates than glycogen, notably lipids. Glycogen and glucose utilization with lactate and product generate 2.3 mol ATP while complete oxidative degradation yields about ~36 mol ATP per mole glucose. The maximal accumulation per unit time of lactate as well as G1-1-P during intermittent and during continuous intense exercise indicating that NADH reoxidation was more readily accomplished by mitochondrial oxidative metabolism (Fig. 3). A greater oxygen availability due to reloading of myoglobin stores has previously been suggested may have contributed to this (Åstrand and Åstrand and Christensen and Hedraa 1960). In the present study it was calculated that the myoglobin stores could have contributed almost half the oxygen deficit produced by each work period. The other half was shown to be covered by phosphagen breakdown and lactate production which previously has been indicated to contribute to the energy release in intermittent exercise (Edwards, Ekelund, Harris, Hassel, Hultman, Melander and Wigeritz 1973). In addition to a more efficient utilization of glycogen during intermittent exercise almost half of the oxidative metabolism was covered by lipid substrates apparently from both intramuscular and extramuscular triglycerides and fatty acid taken up from the blood.

The difference in metabolic response between intermittent and continuous intense exercise may then be due to regulatory factors determining the interplay between lipid and carbohydrate utilization or selective activation of fibres with different metabolic characteristics.

## Muscle fibre involvement

A selective glycogen depletion of muscle fibres has been shown to occur when the motor nerve is stimulated in the rat (Kugelberg and Edström 1968). Most studies on fibre involvement during exercise in intact man have used glycogen depletion as indication of fibre involvement (Gollnick, Plehl and Saltin 1974, Gollnick, Armstrong, Saubert IV, Sembrowich, Shephard and Saltin 1973). Also in the present study the degree to which different fibres were involved in work was evaluated from glycogen depletion patterns. However, there are many factors that limit the reliability of this method. Other substrates than glycogen are available to the muscle cell and can be utilized for energy production, such as glucose, fatty acids and triglycerides. These are all used at different rates depending on the work intensity, the duration of exercise and their availability. As discussed above, a certain amount of glycogen utilization in a muscle fibre can correspond to very different energy productions depending on whether lactate production or oxidative metabolism predominates. Furthermore, glycogen resynthesis may occur in the muscle cell. However, with these limitations in mind, glycogen depletion over a period of time must indicate that the depleted fibres have contributed to the total tension output and can thus be taken to reflect fibre recruitment. Thus, predominantly type I fibres were recruited during continuous moderate exercise. In contrast, glycogen depletion after intermittent and intense continuous exercise occurred in both type I and type II fibres in rather similar proportion and differences in fibre recruitment can thus not explain the divergent metabolic response between these two types of exercise. These findings also indicate that the maximal tension that the muscle has to exert is an important factor influencing the activation of different types of fibres.

## Fibre characteristics

In contrast to several studies where a great metabolic difference is found between red (type I) and white (type II) fibres, it is probably from the findings in the present study that in man there is a less pronounced difference in metabolic potential for lipid and carbohydrate degradation between type I and II fibres. Thus, both fibre types have similar ATP, CP and glycogen content and although the lipid store was greater in type I fibres, there is also a large amount in type II fibres. The enzymatic profile shows that there is a relatively high oxidative as well as glycolytic capacity in both type I and II fibres. Even though significant differences were found between fibre types, type II fibres can in fact have equal high oxidative capacity as type I fibres, especially in endurance trained subjects (Jansson and Kaijser 1976). In addition, the mean number of

capillaries in contact with each fibre does not markedly differ (Andersen and Henriksson 1977) and a rather similar blood flow may thus supply both fibre types. Factors regulating rate limiting steps may therefore play a more important role in determining the extent to which either lipids or carbohydrates are utilized in human fibres than in fibres of most animals.

**Regulatory factors of substrate utilization** The regulatory scheme presented in Fig. 7 has been adapted as a working hypothesis in the present in vivo studies of human muscle metabolism and some of its implications have been tested using intermittent exercise as an experimental model. The higher levels of ATP, CP and citrate observed at the end of rest periods as compared to work periods during intermittent intense exercise (Fig. 4) indicate that these metabolites may be of importance for the regulation of carbohydrate utilization as they all have been shown in in vitro studies to affect the rate-limiting steps in glycolysis. Thus ATP inhibits the phosphorylase and the PFK step (Morgan and Parmeggiani 1964, Meador et al. 1963) and CP has also been shown to inhibit the PFK step (Storey and Hochachka 1974). The inhibition can be fully reversed by ADP, AMP and  $P_i$  (Newsholme et al. 1973). Citrate inhibits both PFK and PDH (Parmeggiani et al. 1963, Passonneau et al. 1963, Taylor and Halperin 1973). The effect of citrate is to potentiate the inhibitory effect of ATP on PFK (Newsholme et al. 1973). The ATP increase at the end of rest periods following intermittent exercise will furthermore raise the  $\frac{ATP}{ADP}$  ratio and this is known to decrease the activity of the isocitrate dehydrogenase step (ICDH) in the citric acid cycle (Pitt 1970, Johnson and Hanford 1975).

The inhibition of ICDH by the presence of a continuous production of acetyl-CoA from fatty acid oxidation could explain the increased citrate level observed at the end of rest periods. The extra oxaloacetate needed from the increase in citrate could have been generated by transamination of aspartate to oxaloacetate (Bouman 1966) or derived from malate produced in glycolysis (Malzels, Ruderman, Gooden and Lau 1977). This citrate accumulation at the end of rest periods will potentiate the inhibitory effect of ATP on PFK and thereby retard glycolysis at the start of the next work period in intermittent exercise and thus facilitate fatty acid oxidation. The increased  $\frac{C-6-P}{F-1-6-P_2}$  ratio at the end of each rest period is a further indication of the inhibition of the PFK step. The mitochondrial accumulation of citrate, acetyl-CoA and NADH generated in the  $\beta$ -oxidation of fatty acids could furthermore inhibit PDH (Keely et al. 1974) thereby further limiting the utilization of carbohydrate. The continuous slight release of lactate and pyruvate that occurred during the whole period of intermittent exercise may indicate that pyruvate was produced in excess of what could be oxidized to acetyl-CoA.

BLOOD

CYTOPLASM

MITOCHONDRION

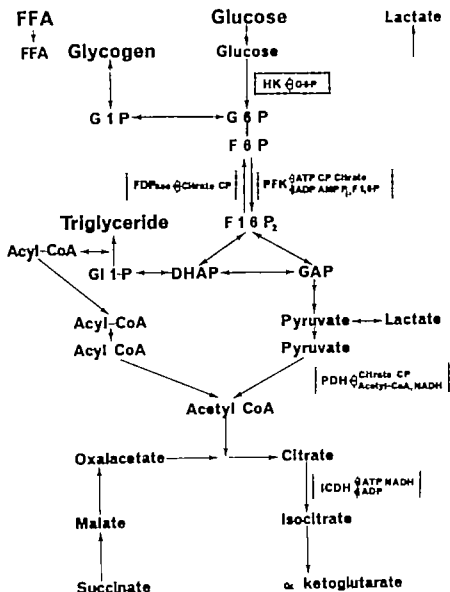


Fig. 7 A schematic presentation of metabolic pathways involved in degradation of lipids and carbohydrates. Factors stimulating (indicated by a circle with a dot) and inhibiting the rate limiting enzymatic steps are indicated by  $\odot$  and  $\ominus$  respectively.



That there is a higher rate of glycolysis in continuous than in intermittent intense exercise is shown by the greater glycogen depletion. This is also reflected by the levels of metabolites regulating the rate limiting steps 1 ATP, CP and citrate which 1) were lower at end of work in continuous than in intermittent intense exercise. Furthermore, the increase in metabolite level in the period immediately after exercise showed different pattern between intermittent and continuous intense exercise (Fig. 4). After a work bout in intermittent exercise citrate level increased rapidly whereas after continuous exercise the increase was more gradual. As an effect glycolysis was not so much retarded during the first 30 sec of recovery as shown by the increasing levels of Gl-1-P and lactate. That the rate of glycolysis is only gradually retarded in this situation is further supported by the gradual return of ATP and CP and the increase in citrate that occurred over 180 sec of recovery. The progressive increase in  $\frac{G-6-P}{F-1-6-P_2}$  ratio that occurred over the first minute of recovery is an indication that the PFK step is then influenced in this situation.

The metabolites ATP, CP and citrate which as suggested by the present study may retard glycolysis were also analysed in type I and II separately after exercise to exhaustion where glycogen depletion data indicated recruitment of both fibre types (Fig. 6). ATP and CP were found to be decreased in both type I and II fibres and in the recovery similar increase occurred supporting retardation of glycolysis in both fibre types. Citrate levels were greater in type I fibres which probably is a reflection of the somewhat greater oxidative capacity of these fibres. However, the increase in citrate in recovery followed the same pattern suggesting that the citrate level is a factor regulating glycolysis and carbohydrate utilization in both fibre type. Thus it is likely that the glycogen-sparing effect of ATP, CP and citrate was present in both fibre types in intermittent exercise also. Both type I and II fibres were activated in this situation.

Citrate and CP are not only inhibitors of PFK but also activate of muscle fructose-1,6-diphosphatase (Fu and Kemp 1973). Since fructose-1,6-diphosphatase activity is present in human muscle (Krebs and Woodford 1965) the possibility exists that glycerol 1-phosphate is partly used for synthesis of glycogen during each rest period in intermittent exercise. However, it is more probable that Gl-1-P is further degraded in the glycolytic pathway and oxidized in the glycerol 1-phosphate shuttle since CP did never reach initial level in rest periods.

Intravascular extracellular substrate utilization

The intramuscular substrate to use in the form of glycogen and triglyceride

decreased rapidly during the early phase of all types of exercise indicating that not only glycolysis but also lipolysis is activated rapidly by exercise. To what extent intramuscular triglyceride breakdown may contribute to total energy release with continuous intense exercise has not been evaluated in the present study. A progressively greater contribution from blood borne substrates was observed during both intermittent intense and continuous moderate exercise. Thus glucose and FFA together contributed to over 30 % of the oxidative metabolism at end of exercise. The utilization of blood borne substrates during continuous intense exercise has not been studied to any great extent due to technical difficulties. The short duration of work and large variations in blood flow and substrate levels limit the possibilities of quantitative measurements. However with intense forearm exercise a release rather than uptake of glucose was observed (Wahren 1970). The contribution of plasma FFA to oxidative metabolism has been shown to increase with time and decrease with load (Ahlborg, Fellig, Hagenfeldt, Hendler and Wahren 1974). Consequently it was probably of minor importance in the intense continuous exercise.

The change in substrate utilization from intramuscular glycogen to glucose taken up from the blood is probably related to the G-6-P level in the muscle. In vitro studies have shown that G-6-P inhibits hexokinase activity and decreases intramuscular glucose phosphorylation (Crane and Jolly 1955, Newsholme and Randle 1964). During the initial phase of exercise G-6-P accumulated in muscle in the present study and would thus have limited the phosphorylation of glucose. G-6-P content decreased and glucose uptake increased during the subsequent exercise period as shown by comparison of the 5 and 60 min values for both intermittent and continuous moderate exercise (Figs. 2 and 3). The extremely high level of G-6-P observed after continuous intense exercise would suggest that glucose uptake from the blood is inhibited. The simultaneous intramuscular glucose accumulation found in this situation is most likely reflection of the free glucose produced by glycogen breakdown (Field 1960). Thus the high intramuscular glucose level suggests that phosphorylation of glucose was inhibited.

## Summary and conclusions

- 1 With intermittent exercise at equally high work load as in continuous exercise a smaller glycogen utilization and Glucose and lactate accumulation was found
- 2 The contribution from intra and extracellular substrates to oxidative metabolism was smaller in intermittent (15 sec work 15 sec rest) exercise at high work load and in continuous moderate exercise at half that load
- 3 The smaller glycogen utilization with intermittent than continuous exercise was in part due to greater oxidative metabolism and in part to a increased contribution from lipids
- 4 The small glycogen utilization in intermittent intense exercise was not due to a different pattern of fibre activation as both type I and II fibres showed glycogen breakdown which was also found with continuous intense exercise. This also indicate that work intensity is important for fibre activation
- 5 The metabolic characteristics of type I and II fibres indicated that human fibres have capacity for both carbohydrate and lipid degradation and factors affecting metabolic pathways should therefore be of importance in both fibre types
- 6 The increase in ATP, CP and citrate levels during rest period in intermittent intense exercise supports the hypothesis that these metabolites physiologically affect the limiting steps thus retarding glycolysis at the start of each subsequent work period. The mentioned fluctuations of the metabolites seem to occur in both type I and II fibres

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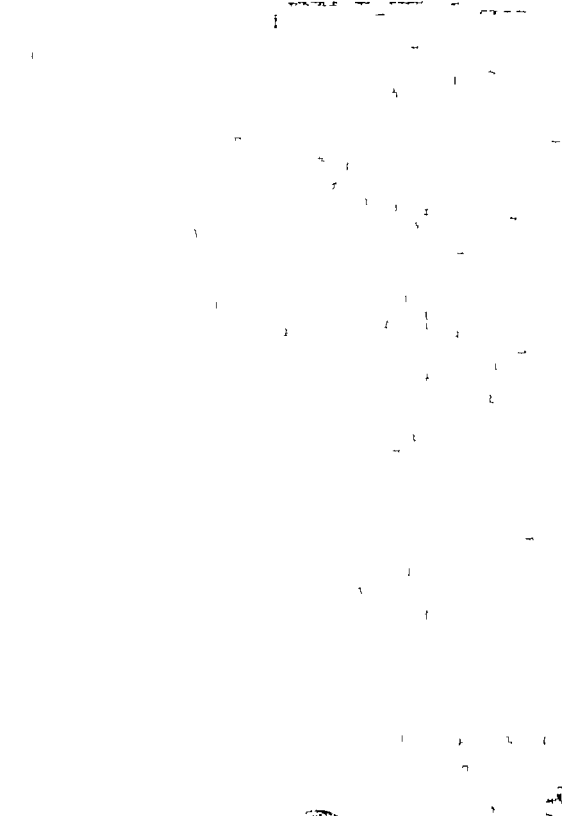
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ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 455

# **Intracellular pH and Energy Metabolism in Skeletal Muscle of Man**

**With Special Reference to Exercise**

**By  
Kent Sahlin**

**Stockholm 197**



ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 455

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The present thesis is based on the following papers:

- I Sahlin K Harris R.C & Hultman E : Creatine kinase equilibrium and lactate content compared with muscle pH in tissue samples obtained after isometric exercise Biochemical Journal 152: 173-180 1975
- II Sahlin K Harris R.C Nylinde B & Hultman E : Lactate content and pH in muscle samples obtained after dynamic exercise Pflügers Archiv 367: 143-149 1976
- III Harris R.C Sahlin K & Hultman E : Phosphagen and lactate contents of the quadriceps femoris of man after exercise Journal of Applied Physiology 43: 852-857 1977
- IV Sahlin K Palmstog G & Hultman E : Adenine nucleotide and DMP contents of the quadriceps muscle in man after exercise Accepted for publication in Pflügers Archiv
- V Sahlin K Harris R.C & Hultman E : The creatine kinase reaction in human muscle during recovery from exercise Submitted for publication
- VI Sahlin K Alvastrand A Bergström J & Hultman E : Intracellular pH and bicarbonate concentration as determined in biopsy samples from the quadriceps muscle of man at rest Clinical Science and Molecular Medicine 53: 459-466 1977
- VII Sahlin K Alvastrand A Bandt R & Hultman E : Intracellular pH and bicarbonate concentration in human muscle during recovery from exercise Accepted for publication in Journal of Applied Physiology

In addition some unpublished results and calculations are included

The papers will be referred to by their Roman number I





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# ABBREVIATIONS AND DEFINITIONS

Apparent equilibrium constant	the equilibrium constant calculated from the concentrations of substrates and product when these are not at infinite dilution
Cr	creatine
DMO	dimethylloxazolidinone-2,4-dione
Equilibrium	a condition where the change in free energy of a transformation is zero (i.e. the rate of the forward and backward direction of an enzymatic reaction is equal)
GDP	guanosine diphosphate
GMP	guanosine monophosphate
GTP	guanosine triphosphate
IMP	inosine monophosphate
Intramuscular pH	intracellular pH and total muscle pH
$\text{MAR}_{\text{Cr}}$	mass-action ratio for the creatine kinase reaction $\frac{(\text{Cr})(\text{ATP})}{(\text{PCr})(\text{ADP})}$
Mass-action ratio	the product/substrate ratio of a reaction calculated from the total tissue content of substrates and products
MVC	maximum voluntary contraction force
PCr	phosphocreatine
pH	extracellular pH
$\text{pH}_i$	intracellular pH
SI	$\text{lyke} \cdot \text{mmol H}^+ (l)^{-1} (\text{pH})^{-1}$
Steady-state	a condition where the rate of formation of substance equals the rate of its disappearance
TAN	total adenine nucleotide content (ATP + ADP + AMP)
Total muscle pH	average pH of both the extra- and intracellular compartment in a muscle sample
$W_{\text{max}}$	the maximum load subject can sustain for 6 min bicycl exercise

Value re throughout this study expressed as Mean  $\pm$  SD

## INTRODUCTION

The hydrogen ion has no electron shell and will therefore have a very small ionic radius. This will provide  $H^+$  with unique properties such as an extremely high reactivity. The concentration of hydrogen ions or more precisely the activity in the interior of the cell is very low (about  $10^{-7} M$ ). Small change in the hydrogen ion activity will however due to the high reactivity exert a profound influence on the metabolism.

The hydrogen ion activity has fundamental role in determining the dissociation of weak acids and bases. Change in intracellular pH ( $pH_i$ ) will therefore influence the rate of biochemical reaction by effects on the enzyme itself as well as by change in the affinity of involved substrates and products. Because of the hydrophobic nature of the cell membrane the permeability for substances in ionic form will generally be much lower than for the unionized substance. Changes in pH will therefore influence the distribution of weak acids and bases over the membrane. This is of importance to the steady-state concentration of certain substances in the cell as well as to the rate of rate in transport processes over the cell membrane involving weak acids or bases.

In order to keep  $pH_i$  within the limits which are compatible with life rigorous control is necessary. The shift of  $H^+$  and electrolytes between the extracellular and intracellular compartments are controlled by permeability factors (low permeability for  $H^+$  and  $HCO_3^-$ ) and by active (energy-consuming) transport systems. This enables the cell to keep an intracellular milieu which is completely different in pH and electrolyte composition from the extracellular fluid. Generation and removal of  $H^+$  within the cell is regulated by various control mechanisms preventing excessive change in pH. Some of these will be discussed in the present thesis.

Measurement of pH in blood is one of the most important clinical analyses. Obtained values will represent the  $H^+$  activity in blood and in the extracellular fluid surrounding the cell. In many clinical situations changes in blood pH represent intra-

cellular changes in the same directions. The quantity of the change in  $pH_i$  in the different cell compartments can however not be judged from extracellular measurements. It has even been shown that under some circumstances changes in pH are not only quantitatively different but can also occur in different directions within the extra- and intracellular compartment (Adler et al 1965 a & b). Direct determination of  $pH_i$  will therefore be a prerequisite for studies of intracellular acid base balance.

A variety of techniques has been used to measure or calculate  $pH_i$  in different types of tissues:

1. Measurements of the degree of dissociation of weak acids or bases within the intracellular compartment. Carbonic acid (Wallace & Hastings 1942) and DMO (dimethyl azolidine-2,4-dione; Waddell & Butler 1959) are the most frequently used substances. Nitrothionine is an example of a weak base (Adler 1972).
2. Microelectrodes of different types for direct measurements in the intracellular compartment (for references see Cohen & Iles 1975).
3. Measurement of the  $H^+$  activity in the tissue water after disruption of the cell membranes by homogenization or other techniques (Furusawa & Kerridge 1927).
4. Use of coloured pH indicators (Piontek & Herbst 1971).
5. Nuclear magnetic resonance (Dawson et al 1977).
6. Calculation of intracellular mass action ratios where one of the participant substances is  $H^+$  (Sjostrom et al 1972).

For more complete survey and description of the method and their application in different situations the reader is referred to the reviews available (Caldwell 1956; Robson et al 1968; Waddell & Bates 1969; Cohen & Iles 1975).

The vast amount of performed studies and the large number of employed methods are not only symptoms of the importance of  $pH_i$  but also of the difficulties involved.

Most previous studies have been aimed to elucidate the influence on  $pH_i$  by K<sup>+</sup> depletion or by change in extracellular pH ( $pH_e$ ) and/or by variation of  $PCO_2$ . Only a few studies have been aimed at studying the relation between  $pH_i$  and intermediary metabolism (Longmire et al 1969; Adler 1970; Folbergrova et al 1972; Sjostrom et al 1972).

In the present studies muscle tissue was investigated. Repeated muscle samples can easily be obtained from human skeletal muscle by the needle biopsy technique described by Bergström (1962).

Skeletal muscle constitutes about 40 % of the total body mass and measurements in this tissue will therefore provide information of the acid-base homeostasis of an important part of the total cellular compartment.

A unique property of the muscle is the capacity to alter its energy metabolism by changing from rest to exercise. Intensive exercise with anaerobic energy utilization will also change  $pH_i$ . The magnitude of the changes is relatively unknown but can, according to the present studies, be very large and will exert a profound influence on the cell metabolism.

Measurements of intracellular pH in man have, because of the methodological difficulties, been very sparse and no studies have previously been performed relating  $pH_i$  to changes in content of high-energy phosphates and lactate.

It was therefore considered to be of great importance to:

1. Develop methods for intramuscular pH measurement suitable for clinical and physiological research in man.
2. Study the influence of intense muscular exercise on  $pH_i$  and on the acid-base exchange with blood.
3. Investigate the relationships between intramuscular pH and the contents of lactate and of high-energy phosphate compounds.

## METHODS

## General

Subjects The nature and purpose of the study were explained to each subject before their voluntary consent was obtained. Most of the subjects were between 20 and 35 years of age. As a group they were not especially well trained though most of them regularly participated in some form of physical activity. More detailed physical characteristics of the subjects participating in the different investigations are found in paper I-VII.

Muscle samples have been taken from the lateral portion of the quadriceps femoris with the needle biopsy technique described by Bergström (1962). Local anesthesia and preliminary incision of the skin at the muscle biopsy site were made before start of exercise. The samples were usually of between 20 and 50 mg wet wt.

Exercise tests Dynamic exercise was performed by bicycling in the sitting position on an electrically braked ergometer (Siemens Elema AB, Stockholm, Sweden) at a continuous pedalling rate of 60 rpm. The employed work load is expressed as per cent of the maximum load the subject could sustain for 6 min ( $W_{max}$ ).  $W_{max}$  was determined for each subject in a preceding session (usually one week before the experiment) according to the method of Torvall (1963). It has previously been shown by measurement of glycogen and high-energy phosphates that the lateral portion of the quadriceps femoris muscle is extensively used during bicycling exercise (Hultman 1967).

Isometric contractions were performed with the knee extensor chiefly the quadriceps femoris muscle on a chair described by Torvall (1963). The contraction force was sustained until pedalling could no longer be maintained. The employed contraction force is expressed as per cent of the maximum voluntary contraction force which the subject could sustain for at least 2 s (MVC).

## Analytical Methods

**Muscle metabolite content** Muscle samples intended for metabolite determinations were frozen as fast as possible in the needle (3-6 sec delay during sampling) with liquid freon maintained at its freezing point ( $-150^{\circ}\text{C}$ ). The samples were freeze-dried and dissected free from connective tissue and blood and extracted with  $\text{HClO}_4$  (0.5 M). The neutralized extract was analyzed for metabolites by enzymatic method which are based on the difference in absorption between NADH and NAD. Details of the procedure for digestion and extraction of samples and the analyses of 11 metabolites except inorganic phosphate ( $\text{P}_i$ ) and inosine 5-monophosphate (IMP) have been described by Harriett *et al.* (1974).  $\text{P}_i$  was analyzed enzymatically according to Caveman (1974). IMP was analyzed in the muscle extract with high-performance liquid chromatography (for details see IV).

**Blood samples** Routine chemical analyses using an Autochemist system (Aut Chem Instrument AB, Lidingö, Sweden) were used for determination of protein and electrolyte in plasma. Acid-base variables were analyzed in an automatic system (Radiometer Copenhagen, Denmark; type ABL1) with pH and  $\text{PCO}_2$ . Lactate and pyruvate were analyzed in neutralized peripheral acid extracts by enzymatic method.

**Intramuscular pH homogenate technique** After withdrawal of the needle from muscle the samples were frozen as fast as possible. They were weighed frozen and homogenized at  $0^{\circ}\text{C}$  with a solution (5 ml per g wet wt) containing 145 mM KCl and 10 mM NaCl (I) or 145 mM KCl, 10 mM NaCl, and 5 mM iodoacetamide (IAA) (II & V). The pH of the homogenate was measured at  $38^{\circ}\text{C}$  with a microelectrode requiring a volume of about 20  $\mu\text{l}$ . The pH was followed with connected recorder and the value obtained after extrapolation to zero time was used. By including IAA in the homogenate solution the continuous decrease in pH during the measurement otherwise obtained was prevented. Influence of IAA addition on obtained values was investigated in two muscle samples. Each sample was divided into two parts and analyzed for muscle pH with the two different homogenate solutions. The results (without IAA pH  $6.97 \pm 0.04$  and with IAA pH  $6.98 \pm 0.03$  respectively) showed no difference.

**Intramuscular pH -  $\text{CO}_2/\text{HCO}_3^-$  method** The muscle samples were frozen as fast as possible (about 3 sec) in the needle with freon at  $-150^{\circ}\text{C}$  in liquid nitrogen. The needles were thereafter sealed

with tape to prevent contamination with atmospheric  $\text{CO}_2$  and stored in liquid nitrogen until further treatment. The muscle content of acid-labile  $\text{CO}_2$  ( $\text{TCO}_2$ ) was liberated with sulphuric acid and absorbed in  $\text{Ba}(\text{OH})_2$  solution which afterwards was titrated with 2.5 mM HCl (for details see VI). The content of extracellular water ( $\text{H}_2\text{O}_e$ ) in the muscle sample was derived from the tissue Cl content and the extracellular concentration by assuming a passive distribution according to the membrane potential. The content of intracellular water ( $\text{H}_2\text{O}_i$ ) was calculated from the tissue content of potassium.

Calculation of intracellular bicarbonate concentration  $(\text{HCO}_3^-)_i$  and  $\text{pH}_i$  are based on the following assumptions: chloride is passively distributed according to the membrane potential;  $\text{PCO}_2$  in the muscle equals that in femoral venous blood or that after exercise the mean of that in arterial and femoral venous blood; extracellular bicarbonate concentration,  $(\text{HCO}_3^-)_e$ , equals (after correction for a Donnan factor and the plasma water content) that in femoral venous blood or that after exercise the mean of that in arterial and femoral venous blood; no carbamino compound exists in muscle (Butler et al. 1967a).

$(\text{HCO}_3^-)_i$  and  $\text{pH}_i$  have been calculated from:

$$(\text{HCO}_3^-)_i = \frac{\text{TCO}_2 - \text{H}_2\text{O} \cdot (\text{HCO}_3^-)_e - (\text{H}_2\text{O}_i - \text{H}_2\text{O}_e) \text{PCO}_2}{\text{H}_2\text{O}_i} \quad S_1$$

$$\text{pH}_i = \text{pK}_a + 1 + \frac{(\text{HCO}_3^-)_i}{S_2 \cdot \text{PCO}_2}$$

where  $S_1$  and  $S_2$  are the solubility constants for  $\text{CO}_2$  in muscle and in the intracellular water phase respectively.

For a detailed description of the analytical technique the calculations and a full discussion of the validity of the assumptions see VI & VII.

**Reference base.** In the present series of studies different reference base for expression of values have been used (if it is dry weight of muscle dry weight of muscle wet weight of muscle and in some cases correction of values to constant total creatine content). A discussion of the involved problems can be found in III & IV. For conversion of values expressed per g dry muscle (the usual reference base for metabolites in the present studies) to g wet wt values should be multiplied by 0.23 (when the water content is normal i.e. 77%).



# INTRAMUSCULAR pH AND LACTATE CONTENT AT REST AND AFTER EXERCISE

Values of intramuscular pH at rest. Intracellular pH in resting muscle was determined using the  $\text{CO}_2/\text{HCO}_3$  method to  $7.00 \pm 0.06$ ;  $n=13$  (VI). Total muscle pH in resting muscle was determined with the homogenization technique to  $7.060 \pm 0.034$  (II). Homogenization of muscle will mix the intra- and extracellular compartments and measured pH will thus be influenced by the volume buffer capacity and pH of the intra- and extracellular fluid of the muscle sample. It can be calculated that the extracellular fluid of the homogenate will increase the measured pH value of sample taken at rest by about 0.03 unit ( $\text{H}_2\text{O}_i$  89%  $\text{H}_2\text{O}_e$  11% pH 7.4 intracellular buffer capacity extracellular buffer capacity).

As mentioned in the introduction  $\text{pH}_i$  has been measured with large numbers of techniques. In most animal studies  $\text{pH}_i$  between 7.1 and 6.8 has been obtained in resting muscle. The results obtained in the present studies of human muscle are thus in accordance with most published investigations.

The effect of the cell membrane when compared with the extracellular space negatively charged (-85 mV). A positive distribution of  $\text{H}^+$  according to the membrane potential would tend to increase intracellular pH of 7.4 result in a  $\text{pH}_i$  of 6.0. The deviation from passive distribution of  $\text{H}^+$  does not indicate an active (energy consuming) process for extrusion of  $\text{H}^+$  (intrinsically of inward transport of  $\text{HCO}_3^-$ ). Some evidence exists that this process is linked to the  $\text{Na}^+/\text{K}^+$  pump which also maintains the transmembrane potential and the intracellular electrolyte concentrations (for reference see Woodbury 1963).

Some controversy does however still exist in the true value of intracellular pH at rest. In some studies with microelectrode a  $\text{pH}_i$  of 6.0 has been found by Carter (1972) which would support electro-chemical equilibrium for  $\text{H}^+$ . The discrepancy is obtained from  $\text{pH}_i$  measured using microelectrode (Carter 1972) and the techniques has been suggested to be due to structural binding of water in the cell (Wiggles 1972 Hannan & Wiggles 1976). If the water in the cell is truly bound to a large extent

the activity coefficients for ions would be appreciably different from that in the extracellular fluid and the used  $pK_a$  values when calculating  $pH_i$  from the dissociation of acid and bases would be in error and thus also the obtained values of  $pH_i$ . It was however pointed out by Robson et al (1968) that the red change in  $pH_i$  will not be affected as long as  $pK_a$  does not change.

Butler et al (1967b) remarked that several glycolytic and oxidative enzymes are almost inactive at pH 6.0 and they questioned whether the muscle cell could have any metabolic activity at this low pH. The vast amount of studies with different methods for pH determination which have shown agreement in  $pH_i$  at rest and when changes have been induced do also give confidence in the present studies and in the interpretations given.

Total muscle pH in relation to lactate content after exercise. When lactate is produced in muscle a corresponding amount of  $H^+$  is released. Total muscle pH decreased to  $6.56 \pm 0.07$  ( $n=8$ ) after a fatiguing contraction at 68% MVC (I) and to  $6.60 \pm 0.14$  ( $n=9$ ) after exhaustive bicyclic exercise at  $W_{max}$  (II). A linear relationship was obtained in these studies between accumulation of lactate + pyruvate and decrease in total muscle pH (Figs 1 & 2).

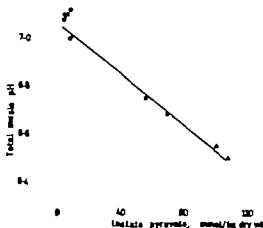


Fig 1 Relationship between total muscle pH and content of lactate + pyruvate in muscle sample taken at rest (○) after 15 min circulatory occlusion (●) after isometric contraction at 68% of the maximum voluntary contraction of the sustained for 25 sec (■) or at fatigue (▲). For details see I.  
 $pH = -0.00532 (\text{lactate + pyruvate}) + 7.06$ ;  $r=0.96$   $n=24$

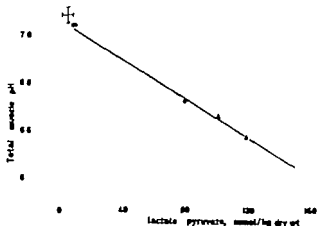


Fig 2 Relationship between total muscle pH and lactate + pyruvate in muscle samples taken immediately after dynamic exercise. The mean  $\pm$  SD of total muscle pH and lactate content at rest ( $n=12$ ) are also shown. The work was sustained for 5-11 min at a load of 50-75 % ( $\bullet$ ) and 100 % ( $\blacktriangle$ ) taken to exhaustion) of  $W_{max}$ . For detail see II.

$$pH = -0.00413 (\text{lactate} + \text{pyruvate}) + 7.06; r=0.92 \quad n=13$$

For a given amount of lactate decrease in pH was more pronounced after isometric contraction than after dynamic exercise. The difference is probably due to the exchange of substances with blood which occurs during dynamic exercise but not during isometric contraction (see Chapter 6). The high amount of blood which generally is present in muscle samples taken after dynamic exercise could also increase the influence of the extracellular fluid on the measured pH value.

Recovery The lactate content in muscle decreased exponentially with time after termination of exhaustive bicyclic exercise (II). The initial lactate content was reduced by 50 % after 9.5 min recovery. The initial rate of lactate decrease was 7.7 mmol/min per kg dry muscle. The relationship between lactate + pyruvate content and total muscle pH during recovery was given by the following equation (II):  $pH = -0.00321 (\text{lactate} + \text{pyruvate}) + 7.22; r=0.93 \quad n=27$ .

Muscle samples have also been taken during the recovery phase for measurement of total content of acid labile  $CO_2$  ( $TCO_2$ ) and calculation of  $pH_i$  by the  $CO_2/HCO_3^-$  method. Muscle content of  $TCO_2$  decreased from  $9.84 \pm 1.39$  ( $n=13$ ) mmol/kg wet wt at rest to  $4.64 \pm 0.76$  ( $n=7$ )

1 min after termination of exercise (VII)  $\text{TCO}_2$  increased during recovery but was 20 min after termination of exercise still significantly below the value at rest. Intracellular pH was calculated from  $\text{TCO}_2$ , muscle electrolyte and acid base parameters of blood.

The assumption underlying the calculations seemed justified for values obtained after 8 and 20 min recovery whereas those after 1 min recovery when the  $\text{CO}_2$  content in muscle is low and when fluctuations of  $\text{CO}_2$  tension occur were considered to be somewhat uncertain. In (VII) values of intramuscular pH at rest and during recovery from exhaustive exercise obtained by the high homogenate technique (total muscle pH) and the  $\text{CO}_2/\text{HCO}_3^-$  method (intracellular pH) are compared in Fig. 3.

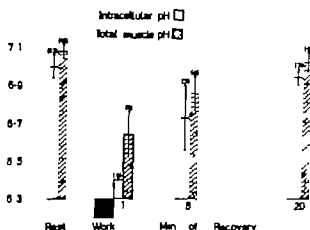


Fig. 3 Comparison between total muscle pH and intracellular pH in muscle samples taken at rest and during recovery from exhaustive bicycling exercise. The work was sustained for 51 min. Values are given as mean  $\pm$  SD, numbers of observation within brackets.

The data were obtained in two different studies but the comparison is justified by the similarity in performed exercise and in the amount of lactate accumulated. It appears from Fig. 3 that great changes occur in intramuscular pH during exercise but that pH is restored after 20 min recovery. Total muscle pH is in all cases higher than the corresponding intracellular pH. As discussed above this is probably a consequence of the influence of extracellular fluid on the measurement of total muscle pH. The more constant difference in measured pH between the two methods after 1 min recovery could be due to the previously mentioned uncertainty in values obtained by the  $\text{CO}_2/\text{HCO}_3^-$  method at this time, or to an

increased influence from the extracellular fluid in the measurements of the total muscle pH. The data in Fig. 3 do however show that the two different methods give a reasonable agreement as to the magnitude of change and the time course of ring recovery.

**Relation of  $pH_i$  to literature.** In a study by Furusawa & Kerridge (1927) pH was analyzed in homogenates of heart muscle. It was found that pH decreased in electrically stimulated heart muscle from 7.07 at rest to 6.56 at fatigue and in gastrocnemius muscle from 7.04 at rest to 6.26 at fatigue. The results from the present study are in agreement with this finding.

In studies by Dubuissou (1937 & 1939) pH on the surface of electrically stimulated muscle was measured using glass electrodes. From these experiments they aimed to gain information about the change in intracellular pH. The technique does however suffer from several limitations: measurement is affected by variation in tissue polarization, extracellular concentration of  $HCO_3^-$  is different from the intracellular concentration and the response is delayed by low activity of carbonic anhydrase in muscle. The recorded change will thus be difficult to interpret in terms of  $pH_i$  change.

Investigation of intracellular pH in muscle have shown that transient initial alkalization followed by an increased acidification occur during contraction (Gebart & Sydney 1973, Stenbäck et al. 1976). The time course of the pH change is in agreement with metabolic changes within the muscle (Danförs 1965) known to liberate base (i.e. breakdown of PCr) and acid (i.e. formation of lactic acid). No quantitative information on intracellular pH can however be obtained from these measurements if the extracellular fluid.

In studies by Piontchik & Hebest (1971) and Hebest & Piontchik (1972)  $pH_i$  has been calculated from the sum of the absorption of the pH indicator bromthymolblue which had been localized intracellularly. The mean value of  $pH_i$  in resting frog muscle was 7.1. During contraction fast decrease in pH occurred. The authors do however not translate the change in partial density to change in pH and contractions were not sustained longer than 0.5 sec.

In a study by Rooth (1966)  $pH_i$  was measured by using the DMO method in the thigh muscle of cat. Only small decreases in  $pH_i$  from 6.64 at rest to 6.57 after exhaustive running were observed. In order to obtain reliable values of  $pH_i$  with the DMO method

equilibration of the substance between the intra- and extracellular compartments is necessary. The equilibration time is considered to be as long as 1 hr (Waddell & Butler 1959). This condition was not met with in the study by Rooth (1966) and makes interpretation of obtained data difficult. The same criticism could be raised to the study reported by Hermansen (1969) where no subject was running intermittently for 20 min. Intracellular pH (evaluated from DMO measurements) was found to decrease from 6.88 in resting muscle to 6.73 after exercise.

In another study by Hermansen & Olesen (1972) muscle samples were taken from a quadriceps femoris after maximum bicycle exercise of short duration (1.2 min). Total muscle pH was measured with microelectrode in homogenates of the samples with similar technique as used in some of the present studies (I, II & V). The change in muscle pH observed by Hermansen (decrease from 6.92 to 6.41 after exhaustive exercise) was similar to the latter observation reported.

## RELATION BETWEEN HIGH-ENERGY PHOSPHATE AND LACTATE CONTENT IN MUSCLE AFTER EXERCISE

**General consideration** The content of high-energy phosphate in muscle after exercise has in this chapter been related to the content of lactate. On behalf of doing so is the previously described close connection between lactate and intramuscular pH (Chapter 3) which must be one of the determinant factors of metabolism. Another reason is that tissue content of lactate will indicate the degree of anaerobic energy utilization and thus must bear some relationship towards the other anaerobic energy sources (i.e. PCr and ATP). An advantage of relating high-energy phosphate content to lactate is the possibility of comparing results of different types of intensity and duration and also the possibility of using data as reference in clinical research.

**ATP/ADP ratio after exercise** Hydrolysis of ATP to ADP + AMP provides the immediate energy for most energy consuming processes in the cell. There have been numerous reports of decreased ATP and increased ADP content in human muscle after exercise. Though these observations are in contrast with the view of ATP utilization during exercise they are incompatible with the known facts of ATP synthesis in the cell.

Resynthesis of ATP is extremely rapid and it was not until 1962 when Cain & Davil poisoned the muscle with 1-fluoro-2,4-dinitrobenzene that it could be proved that ATP was the immediate energy source in muscle. Sampling with the biopsy technique of the slow and therefore delay of about 3-6 seconds before sample can be frozen. It is therefore astonishing that decreased ATP content can be observed in muscle samples taken with the needle biopsy technique after exercise.

In paper III a general relation between muscle content of lactate and ATP/ADP ratio was observed after exercise (Fig. 4). This observation suggests that the changes in ATP and ADP after exercise are more an adaptation to an altered condition in the cell and an expression of a new steady-state rather than the sign of ATP utilization.

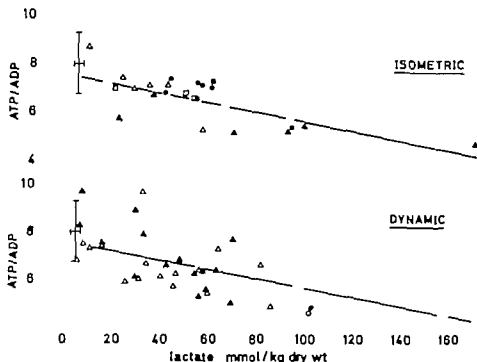


Fig 4 Comparison of ATP/ADP ratio with muscle lactate content. Value at rest given as mean  $\pm$  SD ( $n=4$ ). Upper plot: values obtained after isometric contraction sustained at 40-45 % ( $\Delta$   $\blacktriangle$ ) 66 % ( $\bullet$ ) or 90-95 % MVC ( $\square$   $\blacksquare$ ). In some cases contraction was sustained to fatigue ( $\blacktriangle$   $\bullet$   $\blacksquare$ ) and in others not ( $\Delta$   $\square$ ). Time to fatigue at 40-45 % MVC was 92  $\pm$  133 s and at 66 % 35  $\pm$  63 s and at 90-95 % 16  $\pm$  17 s. Lower plot: values obtained from dynamic exercise maintained at 20-60 % ( $\Delta$   $\blacktriangle$ ) and 61-100 %  $W_{max}$  ( $\circ$   $\bullet$ ). In some cases exercise was sustained to exhaustion ( $\blacktriangle$   $\bullet$ ) and in others not ( $\Delta$   $\circ$ ). Time to exhaustion at 20-60 %  $W_{max}$  was  $>30$  min and at 61-100 %  $W_{max}$  6  $\pm$  30 min. The relationship between ATP/ADP and lactate shown by the continuous line in each subplot was calculated from the total data obtained after exercise. For details see III.

ATP/ADP  $7.54 - 0.0196$  (lactate);  $r=0.63$   $n=89$

exhaustion in the muscle. This is further emphasized by the observation that the decrease in ATP and the increase in ADP persist for at least 3 min if the circulation to the muscle is occluded (1).



The relation between ATP/ADP ratio and lactate content, indicate that an important factor regulating the steady-state could be intracellular pH.

Discussion of possible mechanisms of regulation of the steady state ratio of ATP/ADP. Total ATP and ADP are composed of different ionic species including different K<sup>+</sup> and Mg<sup>2+</sup>-complexes

$$\text{ATP}_{\text{total}} = \text{ATP}^4 + \text{HATP}^3 + \text{HMgATP}^2 + \text{MgATP}^{2-} + \text{KATP}^{3-} \quad \text{Eq 1}$$

$$\text{ADP}_{\text{total}} = \text{ADP}^{3-} + \text{HADP}^{2-} + \text{HMgADP} + \text{MgADP}^- + \text{KADP}^2 \quad \text{Eq 2}$$

Table 1 Dissociation constants for different complexes of ATP and ADP. The constants for complexes involving H<sup>+</sup> and Mg<sup>2+</sup> are at 35°C and 0.16 ionic strength (Phillips et al 1964) whereas the constants for K<sup>+</sup>-complexes are at 25°C and 0.2 ionic strength (Mishler 1954)

				Dissociation constant (K)
$\text{HATP}^3 \rightleftharpoons \text{ATP}^4 + \text{H}^+$				$10^{-6.968}$
$\text{HMgATP}^2 \rightleftharpoons \text{HATP}^3 + \text{Mg}^{2+}$				$10^{-2.90}$
$\text{MgATP}^{2-} \rightleftharpoons \text{ATP}^4 + \text{Mg}^{2+}$				$10^{-4.66}$
$\text{KATP}^{3-} \rightleftharpoons \text{ATP}^4 + \text{K}^+$				$10^{-1}$
$\text{HADP}^{2-} \rightleftharpoons \text{ADP}^{3-} + \text{H}^+$				$10^{-6.743}$
$\text{HMgADP} \rightleftharpoons \text{HADP}^{2-} + \text{Mg}^{2+}$				$10^{-1.95}$
$\text{MgADP}^- \rightleftharpoons \text{ADP}^{3-} + \text{Mg}^{2+}$				$10^{-3.42}$
$\text{KADP}^2 \rightleftharpoons \text{ADP}^{3-} + \text{K}^+$				$10^{-0.68}$

From the data in Table 1 and Eq 1 & 2 the following equations can be derived:

$$(\text{MgATP}^{2-}) = \frac{(\text{ATP}_{\text{total}})}{1 + \frac{10^{-4.66}}{(\text{Mg}^{2+})} \left( 1 + \frac{(\text{H}^+)}{10^{-6.968}} + \frac{(\text{H}^+)}{10^{-6.968}} \frac{(\text{Mg}^{2+})}{10^{-2.90}} + \frac{(\text{K}^+)}{10^{-1}} \right)} \quad \text{Eq 3}$$

$$(\text{MgADP}^-) = \frac{(\text{ADP}_{\text{total}})}{1 + \frac{10^{-3.42}}{(\text{Mg}^{2+})} \left( 1 + \frac{(\text{H}^+)}{10^{-6.743}} + \frac{(\text{H}^+)}{10^{-6.743}} \frac{(\text{Mg}^{2+})}{10^{-1.95}} + \frac{(\text{K}^+)}{10^{-0.68}} \right)} \quad \text{Eq 4}$$

where concentrations are in mol/l and (Mg<sup>2+</sup>) denotes the free concentration of Mg<sup>2+</sup>. From Eqs 3 & 4 and the data in Table 1 the concentrations of the other forms of ATP and ADP can be calculated.

The concentration of MgATP<sup>2-</sup> and MgADP<sup>-</sup> in Figs 5 & 6 show that it decreases when pH or/and free (Mg<sup>2+</sup>) decreases.

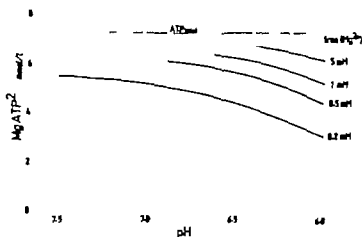


Fig 5 Concentration of  $\text{MgATP}^{2-}$  at different pH and concentrations of  $\text{Mg}^{2+}$ . Total amount of ATP ( $7.27 \text{ mmol/l H}_2\text{O}$   $\sim 24.0 \text{ mmol/kg dry wt}$ ) and concentration of  $\text{K}^+$  ( $160 \text{ mmol/l H}_2\text{O}$ ) are constant.

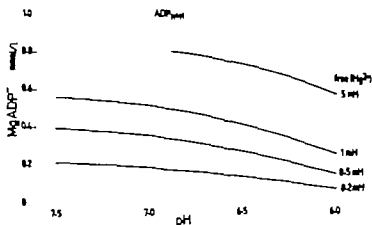


Fig 6 Concentration of  $\text{MgADP}^-$  at different pH and concentrations of  $\text{Mg}^{2+}$ . Total amount of ADP ( $0.970 \text{ mmol/l H}_2\text{O}$   $\sim 3.2 \text{ mmol/kg dry wt}$ ) and concentration of  $\text{K}^+$  ( $160 \text{ mmol/l H}_2\text{O}$ ) are constant.

ATP binds  $\text{Mg}^{2+}$  stronger than what ADP does and the proportional change in  $\text{MgADP}^-$  when pH decreases will therefore be more pronounced than for  $\text{MgATP}^{2-}$ . This is also apparent from the change in the  $\text{MgATP}^{2-}/\text{MgADP}^-$  ratio (Fig 7).

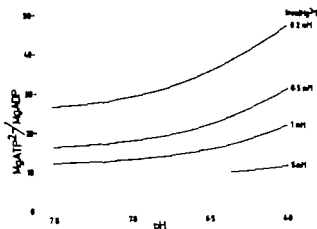


Fig 7 The ratio  $\text{MgATP}^{2-}/\text{MgADP}^{-}$  at different pH and concentration of  $\text{Mg}^{2+}$ . Total amount of ATP (7.27 mmol/l) ADP (0.970 mmol/l) and concentration of K (160 mmol/l  $\text{H}_2\text{O}$ ) is constant

The intracellular concentration of free  $\text{Mg}^{2+}$  has been estimated to about 1 mM (Voleski 1973). The results in Fig 5, 6 & 7 show that the concentrations of  $\text{MgATP}^{2-}$  and  $\text{MgADP}^{-}$  in this region of  $[\text{Mg}^{2+}]$  is sensitive toward change in both  $[\text{Mg}^{2+}]$  and pH.

Many of the enzymes reacting with ATP and ADP behave as if  $\text{MgATP}^{2-}$  and  $\text{MgADP}^{-}$  were the true substrates: hexokinase (Melchior & Melchior 1958), pyruvate kinase (Melchior 1954), phosphoglycerate kinase (Larsson Raznikiewicz 1967), phosphofructokinase (PFK) (Lowry & Passonneau 1966), adenylate kinase (Ros 1968), creatine kinase (Watts 1973). The observed decrease in the ATP/ADP ratio after exhaustive exercise (Fig 4) could be a physiological response to the effect of pH on the Mg-complexes of ATP and ADP.

The flux through the reaction catalyzed by PFK is usually considered to be rate-limiting for glycolysis. PFK is inhibited by H<sup>+</sup> and the enzyme is almost completely inactive at pH of 6.4 (Danforth 1965). This pH inhibition can partly be overcome by decrease in ATP and a corresponding increase in ADP and AMP (Trivedi & Danforth 1966). The observed decrease in the ATP/ADP ratio at high lactate content and thus low  $\text{pH}_i$  could therefore be a metabolic regulation intended to keep the necessary flux through the glycolysis.

It has been shown that the ATP/ADP ratio within the mitochondrion is lower than in the cytosol (Elbers et al 1974). The observed decrease in the ATP/ADP ratio in muscle samples obtained after exercise could be due to changes in the ATP/ADP ratio within the mitochondrion at low oxygen tensions and at elevated concentrations of extramitochondrial  $P_i$ .

**Phosphocreatine content in muscle** The content of phosphocreatine (PCr) in muscle is very sensitive to changes in the metabolic situation. It was first shown by Hultman et al (1967) and later confirmed in other investigations that PCr was utilized during exercise and decreased down to zero at exhaustion. It was also shown that PCr during continuous work at a submaximum work load reached a steady-state level. In paper III a general relation between PCr and lactate content was observed in muscle samples taken immediately after termination of exercise (Fig. 8).

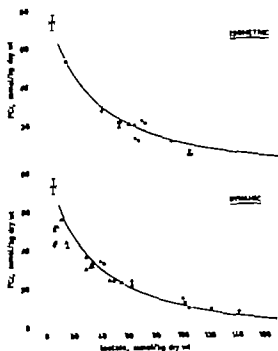


Fig. 8 Comparison between PCr and lactate content in muscle. Values at rest are given as mean  $\pm$  SD ( $n=44$ ). The continuous line shown in both plots was derived from the total data after exercise. Symbol as in Fig. 4. For detail see III.

$$PCr = 34.6 - 0.06(lactate) \quad 51.6 \pm 0.015(lactate)$$

The relation seemed to exist irrespective of the type intensity and duration of the preceding exercise. When the circulation to the muscle was occluded, no resynthesis of PCr occurred (Table 1 vs Table 1 Harris et al 1976). The data indicate that PCr is at a steady-state level after exercise and that this level is well related to the content of lactate. When the blood flow in muscle is intact, a rapid resynthesis of PCr occurs. It was shown by Harris et al (1976) that the resynthesis after exhaustive bicycle exercise could be described by an exponential function with a fast ( $t_{1/2}$  21 sec) and a slow ( $t_{1/2}$  >170 sec) component. The fast component corresponded to 82% and the slow component to 18% of PCr being resynthesized.

The relationship between PCr and lactate in muscle during recovery from exhaustive exercise is as appears from Fig. 9 completely different from the relation obtained immediately after termination of exercise. As the relation between lactate and total muscle pH is similar in these situations, it follows that PCr content after exercise is not exclusively linked to total muscle pH.

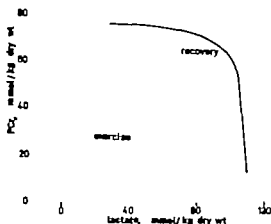


Fig. 9 Comparison between PCr and lactate in muscle during recovery from exhaustive bicycle exercise. Work times were about 8 min. The continuous line was derived by combining the time course of lactate disappearance during recovery (II):  $\text{lactate} = 5 + 105 e^{-0.0733t}$  with the time course of PCr resynthesis (Harris et al 1976):  $\text{PCr} = 75 - 60 e^{-1.98t} + 13 e^{-0.24t}$  ( $t$  denote min of recovery).

The dotted line is taken from Fig. 8.

The influence of oxygen on the resynthesis of PCr was investigated by incubating muscle samples taken after a fatiguing isometric contraction in atmospheres of oxygen and nitrogen respectively (V; Table 2). During 15 min incubation in oxygen PCr was resynthesized from a starting value of 4 % to 68 % of the normal value at rest. No resynthesis was observed when parallel muscle samples were incubated for the same time in nitrogen. The experiment stressed the importance of oxygen for the resynthesis of PCr and it was suggested that the availability of oxygen is limiting for the initial fast phase of PCr resynthesis. The subsequent slow phase was considered to be limited by the recovery in intracellular pH by influence on the creatine kinase reaction (Chapter 5).

Nachmansohn (1928) has shown that phosphagens can partially be synthesized after a 5 sec tetanic contraction under anaerobic conditions. The present results (I & V) where no anaerobic resynthesis of PCr could be detected appear to be in conflict with this study. A possible explanation is that a non-steady-state condition existed in the study by Nachmansohn whereas in the present studies a steady state in the creatine kinase reaction was reached before the samples were frozen due to the delay in the sampling procedure. The difference in contraction time might also be of importance.

Total adenine nucleotide content in muscle. The size of the total adenine nucleotide pool ( $TAN = ATP + ADP + AMP$ ) shows in normal man at rest only minor intra- and interindividual variations (Harriett et al 1974). A decrease of TAN has however been observed under some extreme physiological conditions such as prolonged ischemia (Threlfall & Sutton 1957, Imai et al 1964) and tetanic contraction (Canfield & Maréchal 1973). Decreased TAN content has also been observed in pathological conditions involving muscle such as humeral arthritis (Nordema et al 1974) and in severely ill patients suffering from circulatory and respiratory insufficiency (Bergström et al 1976).

In muscle samples taken from the same leg before and after termination of exercise an absolute decrease of TAN by about 15 % occurred when the intensity of the preceding exercise was high resulting in a high content of lactate (IV). Breakdown of TAN in skeletal muscle occurs by deamination of AMP to ino in 5-mono-phosphate (IMP). Analysis of IMP showed that this lactate accumulated in muscle in an amount corresponding to the decrease in

TAN ( $\Delta$  IMP 2-6 mmol/kg dry wt) After 30 min recovery the basal content of TAN was restored and IMP had disappeared from the muscle

The accumulation of IMP in muscle after intense exercise is probably due to activation of AMP-deaminase by a combined effect of decreased intracellular pH (pH optimum for AMP-deaminase is 6.1-6.5 Satlow & Lowenstein 1967) and increased content of ADP and AMP (Fig. 10). Deamination of AMP is essentially irreversible and IMP can either be degraded and excreted as hypoxanthine or alternatively by dephosphorylation be transformed back to AMP (Fig. 10).

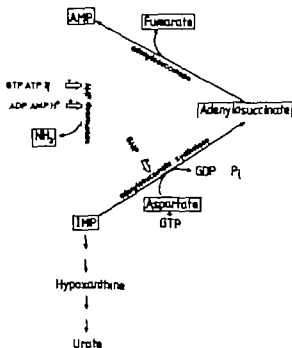


Fig. 10 The purine nucleotide cycle and its regulation ( $\Rightarrow$  inhibition;  $\Rightarrow$  activation)

This cycle has been called the purine nucleotide cycle (Lowenstein 1972). The physiological importance of the purine nucleotide cycle is

- 1 Regulation of the AMP level and secondarily (by the adenylate kinase reaction) the ADP and ATP concentrations in a way which will keep the energy charge (Atkinson 1968) at a high level
- 2 Production of  $\text{NH}_3$  which to a large extent will be combined

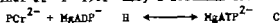
with glutamate forming glutamine which is known to accumulate in muscle during exercise (Bergström et al unpublished data) Accumulation of glutamine will partly buffer the increase in H<sup>+</sup> associated with exercise (Chapter 6)

3 Production of carbon skeleton from amino acids to combustion in the citric acid cycle



# THE MASS-ACTION RATIO OF THE CREATINE KINASE REACTION AFTER EXERCISE AND DURING RECOVERY

Creatine kinase is believed to catalyze the following reaction (Nishida et al 1961 Kuby & Moltmann 1962 Watts 1973)



The participation of  $\text{H}^+$  in the creatine kinase reaction has two important physiological consequences

- 1 Breakdown of PCr will absorb  $\text{H}^+$  ions. This will delay the first second of maximum contraction when PCr breakdown is expected to occur without formation of lactic acid (Danforth 1965) in cases the intracellular pH. This alkalization will facilitate the activation of PFK and the glycogen phosphorylase system (Danforth 1965) and control of formation of lactic acid. During sustained contraction when high amounts of lactic acid accumulated depletion of PCr will be an important buffering process (Chapt 6)
- 2 If the creatine kinase reaction is at equilibrium change in intracellular pH will affect the content of PCr and creatine

If the system is simplified and it is assumed that the creatine kinase reaction is at equilibrium and that the concentration of the involved metabolites are proportional to the concentration of the enzymatic it the following formula can be derived:

$$1 \pm \frac{(\text{C})(\text{ATP})}{(\text{PCr})(\text{ADP})} = \alpha - \beta \text{ pH} \quad \text{Eq 5}$$

where  $\alpha$  and  $\beta$  are constant ( $\beta \leq 1$ )

Using  $\beta = 1$  an excellent agreement has been found in both in vitro studies between changes in pH calculated from the creatine kinase mass action ratio ( $\text{MAK}_{\text{CK}} \sim (\text{C})(\text{ATP})/(\text{PCr})(\text{ADP})$ ) and  $\text{pH}_i$  measured with the  $\text{CO}_2/\text{HCO}_3^-$  technique (MacMillan & Sijthoff 1972 Sijthoff et al 1972). In the present studies (I, III & V) the relevance of the equation has been investigated in muscle after exercise.

Muscle samples taken before and after an isometric contraction under steady-state conditions (if a local circulation occluded at least 1 min before muscle biopsy) were analyzed for total muscle pH and for the constituent of the creatine kinase reaction (I). A linear relationship was found between total muscle pH and

$\log(\text{MAR}_{\text{CK}})$  Fig. 11) The same relation seemed to exist in all muscle samples taken immediately after termination of exercise (III) indicating that the creatine kinase reaction was at a steady state condition or at equilibrium.

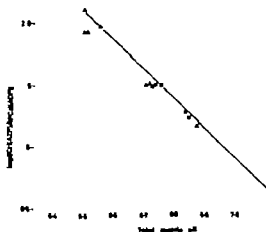


Fig. 11 Relationship between  $\log(\text{MAR}_{\text{CK}})$  and  $\log((\text{Cr})(\text{ATP})/(\text{PCr})(\text{ADP}))$  and total muscle pH in muscle samples obtained at rest (○) after 15 min circulatory occlusion (●) and after isometric contraction at 68% MVC sustained for 25 sec (□ ■) to fatigue (△ ▲). □ and △ denote values where 20-25 sec muscle blood flow was allowed after contraction. Blood supply was occluded 1 min before biopsy. For details see I.

$$\log(\text{MAR}_{\text{CK}}) = 17.6 - 2.38 \text{ pH}; r=0.92, n=34$$

It was postulated that the decrease in PCr observed after exercise was the consequence of an altered equilibrium state of the creatine kinase reaction largely affected by changed intracellular pH (I). The value of  $\beta$  in these studies (cf. Eq. 5) was, however, 2.38 which exceeded the expected value of  $\beta \leq 1$ . When the recovery processes in muscle after exercise were investigated a deviation from the previous relationship was observed (Fig. 12). This was first believed to be the consequence of a non steady-state condition during the early part of recovery. Experiment with occluded circulation 1 min prior to muscle biopsy did, however, show that the creatine kinase reaction was at a steady-state or equilibrium during the whole recovery period (V).

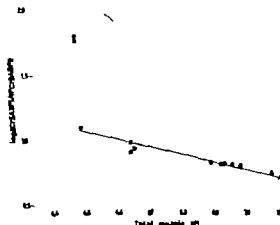


Fig 12 Relationship between total muscle pH and  $\log(\text{MAR}_{\text{CK}})$   $\log((\text{Cr})(\text{ATP})/(\text{PCr})(\text{ADP}))$  in muscle samples obtained at 0.1 min (■) 1 min (□) 4 min (●) and 10 min (○) recovery (with intact muscle blood flow) from exhaustive bicycl exercise. Blood supply was occluded 1 min before muscle biopsy. The regression line was calculated from values obtained at rest and during 1-10 min recovery.

For details see V

$$\log(\text{MAR}_{\text{CK}}) = 4.97 - 0.60 \text{ pH}; r=0.85 \quad n=24$$

The dashed line is the previous relationship as obtained in Fig 11

In paper V it was shown that the availability of oxygen was responsible for the difference in  $\text{MAR}_{\text{CK}}$  between samples taken immediately after termination of exercise (Fig 11) and samples taken during the recovery period (Fig 12).

**Discussion of the equilibrium hypothesis** The fraction of ATP and ADP which are in the form of  $\text{MgATP}^{2-}$  and  $\text{MgADP}^{-}$  respectively have been calculated from Eq 3 & 4 (Chapt 4) at pH 7.0 ( $\text{Mg}^{2+}$  1 mM and  $(K^+)$  160 mM).  $\text{MgATP}^{2-} = 0.92 \text{ ATP}$ ,  $\text{MgADP}^{-} = 0.53 \text{ ADP}$ . If it is assumed that the creatine kinase reaction is close to equilibrium and that there is no compartmentalization - the apparent equilibrium constant for the creatine kinase reaction  $K_{\text{CK}} = (\text{Cr})(\text{MgATP}^{2-})/(\text{PCr})(\text{MgADP}^{-})(\text{H}^+)$  can be calculated from the total tissue content of the involved metabolites.  $K_{\text{CK}}$  has in Table 2 been calculated to  $8.4 \cdot 10^7$ ,  $12.1 \cdot 10^7$  and  $22.0 \cdot 10^7$  for

skeletal muscle heart muscle and brain respectively Taken into account that about 56 % of the ADP in skeletal muscle has been found to be bound to proteins (Seraydarian et al 1962) which increase  $K_{CK}$  in this tissue to about 19.1 values between different tissues are very similar

ab) Calculation of apparent equilibrium constant ( $K_{CK}$ ) for the creatine kinase reaction (mean  $\pm$  SD)

Tissue	PCr	Cr	ATP	ADP	AMP	$\frac{ATP}{ADP}$	<sup>a)</sup> $\frac{PhATP^{2-}}{PhADP}$		<sup>b)</sup> $K_{CK} \cdot 10^7$ ( $M^{-1}$ )
Sheep skeletal muscle / dry wt biopsy from quadriceps of mus (Barri et al)	75.5 ± 1	49.9 ± 1.4	24 -8	2 -0.3	8.1 -4.05		13.		8.4
Sheep skeletal muscle / dry wt perfused rat heart 35°C (in 1 (Lemon 1964)	39 ± 1	39 -8	24 -8	2.4 -8	8. -8		14.4		12
Brain [mmol/g wet wt corona 1 (1 (Price) at 37°C Berglund et al 72	93 -8.05	5. -8.88	3.84 -8.84	8.26 -8.004	8.838 -8.881	1	26.		22
$K_{CK}$ determined in vitro (Kuby in common 1962)									56 ± 37

<sup>a)</sup>  $PhATP^{2-}$  93 ATP  $PhADP$  23 ADP were calculated from Eq

$$K_{CK} = \frac{(Cr)(PhATP^{2-})}{(PCr)(PhADP)} \text{ calculated at pH}$$

The same finding has also been reported for the mass-action ratio of the creatine kinase reaction ( $MAR_{CK}$ ) when different tissues from different species were investigated (Bel & Newsholme 1975) The small variation in the mass-action ratio was here considered to suggest an equilibrium situation The experimentally determined value for  $K_{CK}$  (Table 2) is however 15-30 times greater than that calculated in tissues and is thus in conflict with the equilibrium hypothesis

The change which occurs in the  $MAR_{CK}$  after intensive exercise and the following recovery period does also seem to be in conflict with the equilibrium hypothesis The observed change in intramuscular pH and the involvement of H<sup>+</sup> in the creatine kinase equilibrium as shown above, not be the only explanation of the changes in  $MAR_{CK}$  in association with exercise

A hypothesis on the equilibrium hypothesis first advanced by Carlson & Sig (1951) and later adopted by Canfield & Marchal (1973) and McGilvery (1973) is that 90 % of the ADP content in muscle is protein bound and not available in the creatine kinase reaction The small change which is observed in ADP after exercise would according to this theory have a far greater influence on the

position of the creatine kinase equilibrium than when considering the total tissue content. The mass action ratio of the adenylate kinase reaction ( $MAR_{AK}$ ) is however 0.2 - 0.4 (I-III) and thus similar to the apparent equilibrium constant for this reaction ( $K_{AK} = 0.4 - 1.0 \times (Mg^{2+})^{0-5}$  mM; Ross 1968) and 90% protein binding of ADP is by this reason unlikely. The almost unchanged value of  $MAR_{AK}$  in muscle when great changes occur in the adenine nucleotide contents (Cain & Davie 1962) is in conflict with such a high degree of protein binding.

From the discussion above it is clear that many factors influence the  $MAR_{CK}$  in a complex way. It cannot be excluded that the creatine kinase reaction is at equilibrium and a combined effect of availability of metabolite and changes in pH and  $(Mg^{2+})$  to the enzymatic site explain the observed changes in  $MAR_{CK}$  during exercise and the following recovery period.

Discussion of the steady-state hypothesis. Creatine kinase exists in different isoenzymes: muscle specific (MM), brain specific (BB) and an intermediate form (MB). The muscle specific form (MM) is dominant in skeletal muscle (Davies & Fink 1967). Apart from these major forms creatine kinases exist in a mitochondrial form ( $CK_{mit}$ ) which seems to be localized on the outside of the inner membrane (Jacobus & Lehninger 1973). The activity of  $CK_{mit}$  is higher in tissues with high aerobic capacity and is about 5% of total activity in quadriceps muscle of rat (Jacobus et al. 1964; Murono & Ogata 1973). It was postulated by Jacobus et al. (1964) and further discussed by Lehmann & Fonyo (1966) and Jacobus & Lehninger (1973) that  $CK_{mit}$  functioned as mediator of ATP from the mitochondria to the cytoplasm. The reaction kinase reaction was thought to be at a steady state where the backward reaction (PCr resynthesis) occurred at the mitochondrial membrane in association with oxidative phosphorylation and the forward reaction outside mitochondria. In isolated mitochondria from heart ATP-ADP-translocase and  $CK_{mit}$  appear to function as multisubunit aggregate which only slowly reacts with externally added ATP but rapidly with ATP formed in the mitochondria (Saks et al. 1975).

By the steady-state hypothesis any factor which affects the steady state in both directions of the creatine kinase reaction will change the mass-action ratio. A lack of oxygen would prevent resynthesis of PCr and would thus explain the finding in the present study (I-III & V). A decrease of  $pH_i$  would increase

the rate of the forward reaction (PCr breakdown) as this reaction has a pH optimum of about 5.0 (Mihel et al. 1961) and decrease the rate of the backward reaction (PCr resynthesis) as this reaction catalyzed by CK<sub>mit</sub> has a pH optimum of 8.0 (Jacobus & Lehninger 1973). A decrease in pH<sub>i</sub> would thus decrease the steady-state level of PCr. The influence of pH on the PCr level and the MAR<sub>CK</sub> which has been observed in muscle tissue (Meyerhof & Lohmann 1928; Kammermeier & Rudroff 1972) would according to this hypothesis be explained by opposite influences on the reaction rate of the different directions of the creatine kinase reaction. The observed changes of MAR<sub>CK</sub> in the present studies (I, III & V) would partly be due to influence of pH<sub>i</sub> on the creatine kinase reaction and partly due to lack of oxygen.

# BUFFER CAPACITY IN MUSCLE AND ACID-BASE EXCHANGE WITH BLOOD

**Intracellular buffer capacity** The buffer capacity or buffer value ( $\beta$ ) of a solution was defined by van Slyke (1922) as the amount of free  $H^+$  or  $OH^-$  to be added in order to produce change of pH of 1 unit:

$$\beta = - \frac{\Delta H}{\Delta pH}$$

It was suggested by Woodbury (1965) that the unit of  $\beta$  when measured in  $mmol(l)^{-1}(pH)^{-1}$  should be designated Slyke (Sl). This term will be used in the following.

In addition to the physico-chemical buffer capacity which only is dependent upon the amount of weak acids and bases and their dissociation constant, the cell has the buffer mechanisms. The intracellular buffer capacity has by Siesjö & Møller (1971) been divided into

1. Physico-chemical buffering
2. Consumption or production of nonvolatile acids
3. Transmembrane fluxes of  $H^+$  and  $HCO_3^-$

The intracellular buffer capacity in skeletal muscle has been determined in vitro by titration of muscle homogenates with  $H^+/OH^-$  to 40-65 Sl (Furusho & Kerridge 1927) 62-82 Sl (Bate-Smith 1938) 48-59 Sl (Eckel et al. 1959) and by variation of  $PCO_2$  in muscle homogenates 53 Sl (Hassel & Piiper 1971). The values differ from the buffer capacity in intact muscle preparations (about 15 Sl) as determined by variation of  $PCO_2$  (for references see Hassel & Piiper 1971). It has been shown that the discrepancy is due to transmembrane fluxes of  $H^+$  and  $HCO_3^-$  in intact muscle (Hassel & Piiper 1972). A striking difference is here present between various tissues. During severe respiratory acidosis  $H^+$  appears to be transported into the skeletal muscle, but out from the heart muscle and brain (Clancy & Brown 1966, Siesjö & Møller 1971, Laitinen 1973). This mode of acid-base regulation seems to utilize the buffering capacity of blood and skeletal muscle for the protection of other more critical tissues.

Evidence exists that the in vivo buffer capacity is dependent upon the type (metabolic or respiratory) and degree of the acid-base disturbance (Adler et al 1965 a & b Burnell 1968)

Comparison between  $\Delta(\text{lactate} + \text{pyruvate})/\Delta \text{pH}$  and  $\text{intracellular buffer capacity}$  Measurements of intramuscular pressure and the change in muscle temperature (Edwards et al 1972) have shown that the circulation within the muscle is arrested when the force of an isometric contraction exceeds 20 % MVC (maximum voluntary contraction force) In the present studies where  $\text{MVC} > 40\%$  the muscle thus exists in an isolated condition and can be treated as a closed system The amount of lactate which is accumulated during the contraction will thus be compensated by an equal amount of  $\text{H}^+$  The ratio  $\Delta(\text{lactate} + \text{pyruvate})/\Delta \text{pH}$  has after isometric contraction (I) been determined to be  $57 \text{ mmol}(\text{l H}_2\text{O})^{-1}(\text{pH})^{-1}$  which is in the same range as the in vitro determined buffer capacity for muscle (40-82 Sl)

During bicyclic exercise the muscle is an open system which exchanges substances with blood The ratio  $-\Delta(\text{lactate} + \text{pyruvate})/\Delta \text{pH}$  after 5-10 min bicyclic exercise was determined to be  $73 \text{ mmol}(\text{l H}_2\text{O})^{-1}(\text{pH})^{-1}$  (III) Intracellular bicarbonate concentration decreases from  $10.2 \text{ mmol/l H}_2\text{O}$  at rest to about  $3 \text{ mmol/l H}_2\text{O}$  after exhaustive bicyclic exercise (VII) and corresponding efflux of  $\text{H}^+$  as carbonic acid will occur from muscle (i.e.  $12 \text{ mmol}(\text{l H}_2\text{O})^{-1}(\text{pH})^{-1}$ ) This amount is also the same as the difference in the  $\Delta(\text{lactate} + \text{pyruvate})/\Delta \text{pH}$  ratio between isometric and dynamic exercise During dynamic exercise part of the lactate produced within the muscle will be transported to the blood From the calculations above it appears as if this lactate is accompanied by an equimolar amount of  $\text{H}^+$  Base deficit and lactate content in arterial blood do also show an equal increase during exercise (Fig. 13) and do therefore support this hypothesis The exact mechanism for lactic acid transport over the cell membrane is not fully understood In some recent investigations it has been shown that at least part of the lactic acid is transported in undissociated form (Mainwood & Worsley-Brown 1975 Roos 1975) which implies that changes in intracellular and extracellular pH might be of importance to the transport process

It has been shown that PCr content in muscle after exhaustive dynamic exercise is restored from 16 % to about 90 % of its value at rest during the first min of recovery (Harris et al 1976)



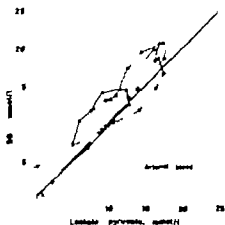


Fig. 13 Base deficit (BD) compared with content of lactate + pyruvate in blood from arterial brachialis in 3 subjects. Samples were taken at rest ( $\Delta$ ) during bicycle exercise ( $\circ$ ) after 0-2 min recovery ( $\bullet$ ) and after 7-30 min recovery ( $\blacktriangle$ ). Subjects worked 5 min at 100 W and thereafter at  $W_{max}$  (275-300 W) until exhaustion. Total work time was 10-11 min and max pulse rate 170-190. Values from the same subject are joined. Content of pyruvate was at all times very small ( $<0.5$  mmol/l) (Sahlin, Alvestrand, Brandt & Hultman unpublished data).

This means that 35 mmol PCr/kg dry wt formed from Cr and  $P_i$ . PCr and  $P_i$  have  $pK_a$  values of 4.5 and 6.8 respectively and it can be concluded that at an intracellular pH after exercise of 6.4 about 22 mmol H<sup>+</sup>/kg dry wt should be formed during the first min of recovery due to the synthesis of PCr. No further decrease in muscle pH does however occur during this period (II) and it was suggested that H<sup>+</sup> was transported out from muscle in excess of lactate during the early part of recovery. Measurements of base deficit and lactate in arterial blood support this hypothesis. Base deficit increases during the first minutes of recovery whereas no corresponding change occurs in lactate + pyruvate (Fig. 13).

The mechanism behind the events can only be speculated about. The driving force for passive movement of ions via the cell membrane is determined by the difference in electrochemical potential of the ions in the two compartments. The interior of the muscle cell is negative (-88 mV) compared with the extracellular

compartment and a passive distribution of  $H^+$  over the cell membrane at  $pH_i$  7.4 would mean a  $pH_i$  of 6.0. The true average value of  $pH_i$  at rest is however 7.0 and active (i.e. energy consuming) transport of  $H^+$  out of the cell is considered to compensate for the passive influx. After exhaustive exercise  $pH$  of arterial blood decreases to 7.2 and  $pH_i$  down to about 6.4. Though the difference in electro-chemical potential has decreased influx of  $H^+$  is still energetically favoured at a normal membrane potential. If the membrane potential decreases after exercise to -50 mV it can be calculated that the hydrogen ion is in electro-chemical equilibrium over the cell membrane. A further decrease of membrane potential or alternatively a further decrease in  $pH_i$  as would be the case if the resynthesis of PCr after exhaustive exercise occurred without a transport of  $H^+$  over the cell membrane would change the conditions making a passive efflux of  $H^+$  possible. It seems quite possible that at the extreme conditions prevailing in exhausted muscle the membrane potential is decreased. Massen et al. (1976) have shown that in this situation it is linearly related to constant field and decreased down to about 50 mV (Eger 1976).

**Intracellular buffering processes** The contribution of different substances to the intracellular buffering towards lactacid during dynamic exercise has been calculated in Table 3. The substances have been divided into two groups. The first group (physico-chemical buffering) comprises the buffering which occurs in the cell merely as a consequence of association of  $H^+$  with bases whereas the second group comprises the buffering which occurs as a consequence of enzymatic activity. The buffering of the first group is independent of the nature of the pH change (at a constant  $PCO_2$ ) whereas the buffering of the second group is dependent upon the metabolic regulation and calculated values consequently only valid under the prevailing conditions. In addition to the acid base changes described in Table 3 an accumulation of citrate and malate can occur under some conditions. It has however been shown by Eskin (1978) that only minor changes occur during exhaustive bicycl exercise.

Estimation of the buffering by intracellular proteins varies (15.81 Bate-Smith 1938; 17.37.81 Woodbury 1963) and makes calculation of total intracellular buffer capacity uncertain to the same extent. The estimated intracellular buffer capacity of 68.81

Table 1. Contribution of different intracellular transformations to the buffering towards lactic acid during exhaustive dynamic exercise when in skeletal pH decreases from 7.0 to 6.4

		$\Delta$ mmol/l $H_2O_4$	Buff. value (81)	Percent
Physico-chemical buffering (81)				
$HCO_3^-$	$\longrightarrow H_2CO_3 \longrightarrow CO_2$	7.2	12.6	
$HPO_4^{2-}$	$\longrightarrow H_2PO_4^-$	-4.3	7.2	b
ATP	$\longrightarrow$ ADP	-6.38	1.0	
AMP	$\longrightarrow$ IMP	-6.2	0.4	
Histidine	$\longrightarrow$ Histidine	-0.07	6.1	d
Carnosine (Hd. dipe)	$\longrightarrow$ Carnosine (Histidine)	1.19	2.0	
Protein	$\longrightarrow$ Protein		about 15	f
Product loss - consumption of acid or bases (dynamic)				
PCR	$\longrightarrow$ Cr	15.4	25.7	g
ATP	$\longrightarrow$ IMP $P_i$ $NH_3$	0.32	-0	h
Glutamate $NH_3$	$\longrightarrow$ Glutamine	-4.7	7.8	i
Glucose	$\longrightarrow$ Glucose 6-P	1.4	2.3	j
Glycerol $P_i$	$\longrightarrow$ $\beta$ -Glycerol-P	6	-0.3	k
Total				About 66

- a) Calculated from the change in skeletal  $HCO_3^-$  during exercise (VI)
- b) Calculated from the  $P_i$  concentration at rest 13.2 mmol/l  $H_2O_4$  (IV) and pH 6.8 for  $H_2PO_4^-$
- c) The change in the concentration of ADP ( $-ADP^{3-} + ADP^{2-}$ ) and AMP ( $-AMP^{2-} + AMP^{1-}$ ) was calculated from Eqs 2-4 and data from Table 1 (Chart 4) assuming  $(\gamma_2^{2-})$  1 mol and  $(\gamma_2^{1-})$  160 mM.
- d) The change in the concentration of histidine was calculated from the histidine concentration at rest 0.38 mmol/l (Berglund et al 1978) and pH 6.0
- e) The change in the concentration of carnosine was calculated by using the carnosine constant at rest 6.15 mmol/l  $H_2O_4$  (Berglund et al 1978) and pH 6.0
- f) Calculated from the histidine content of muscle protein by Woodbury (1965). Titration of muscle extract with and without protein gave 17.27 H for the protein buffer capacity (De Groot 1936)
- g) Calculated from the obtained change in PCR after exhaustive bicycl exercise ( $\Delta PCR = 43$  mmol/g dry wt) and pH 6.8 for  $H_2O_4$
- h) Calculated from the known accumulated IMP after exercise (3.7 mmol/g dry wt (IV)) and the final composition at pH 6.4 of ATP ( $ADP^{3-} + ADP^{2-}$  0.11 ATP<sub>total</sub>) IMP (pH 6.4 23 for IMP) and  $P_i$  (pH 6.8 for  $H_2PO_4^-$ ) Percent of  $NH_3$  is added (the g glutamate-glutamine transformation)
- i) Calculated from the change in skeletal glutamine concentration (18.9 mmol/l at rest and 23.6 mmol/l after 18 min dynamic exercise Berglund et al unpublished data). The calculated buffer value maximum if given as mmol glutamate must have been ascertained to be blood.
- j) About 11 mmol glucose 6-P is accumulated per g dry weight for 2 min maximum bicycl exercise (Berglund et al 1971). Calculations based on pH 6.1 for glucose 6-P and pH 6.8 for  $H_2PO_4^-$
- k) About 8 mmol  $\beta$ -glycerol-P accumulated per g dry weight for about 10 min maximum bicycl exercise (unpublished observation). Calculations based on pH 6.66 for  $\beta$ -glycerol 1-P and pH 6.8 for  $H_2PO_4^-$

is however very similar to the ratio  $-\Delta \text{ (lactate pyruvate) } / \Delta \text{ pH}$   $73 \text{ mmol (l H}_2\text{O)}^{-1} (\text{pH})^{-1}$  as obtained from measurements in muscle samples taken after bicycl exercise (II) and is also in the same range as the experimentally determined buffer capacity in vitro (40-62 g/l)

# GENERAL DISCUSSION

Muscle biopsy technique The needle biopsy technique is well suited for study of the steady-state composition of muscle. The fast changes which probably occur in the high-energy phosphate and  $\text{pH}_i$  during short maximum contraction can however not be detected. This is because of the delay of 3-6 sec during sampling before samples can be frozen. It is evident that chemical reactions will change the composition of muscle towards a steady-state condition during the delay. In this the following I have tried to discuss the changes in high energy phosphate compounds and lactate in muscle after exercise in terms of the influence of the steady-state. Comparison between the present data and those obtained in animal experiments where the muscle has been rapidly frozen while still in a state of contraction should be made with caution. It is probable though that the absolute difference between the composition of muscle at the instant of exercise termination and that measured in frozen biopsy samples are quite small especially in the case of dynamic exercise.

Study of human skeletal muscle have some advantages over animal experiments. The load type and direction of the performed exercise can be determined before the experiment. Repeated samples can be obtained from the same muscle and will simplify study of changes and time course. The obtained data on muscle metabolism in normal subjects can also be utilized as a reference in clinical investigations.

Heterogeneity of muscle samples In normal man the quadriceps muscle consists of approximately equal proportion of fast twitch (FT) and slow twitch (ST) fibers (Gollnick et al 1972) with different enzymatic (Eaton et al 1975) and contractile characteristics. A different energy metabolism with different rate of lactate production is expected within the two fiber types. Thus in animal experiments it has been reported that the cumulative oxygen primarily in FT muscle fibers (Baldwin & Tipton (1972). Analysis in separated fibers from the same sample taken from exercise have

however shown that the lactic acid content is not very different in the FT and ST fiber of the quadriceps muscle of man (Essén & Heggmark 1975 Teasch & Karlsson 1977) In the quadriceps muscle the fiber types are intermingled and diffusion of lactic acid between neighbouring fibers might occur Essential for the present studies is that if a transport of lactate between fibers occur this is accompanied by the hydrogen ion Results from paper II and Fig. 13 indicate that this is the case

The intracellular compartment is not a homogenous phase but consists of different organelles surrounded by membranes It is possible that these differ as to pH and concentration of metabolites Local variation of pH can also occur at the surface of protein molecules and membranes as a consequence of ionic interactions Measurements of intracellular pH and concentration of metabolites will give some sort of an average pH in the cell which might be different from the true value at the enzymatic site Heterogeneity of pH within the cell has been extensively discussed in literature (for references see Cohen & Ilies 1975) It is generally agreed that most of the theoretical objections against absolute  $pH_i$  values disappear when change in  $pH_i$  are studied It seems reasonable that the different compartment has a connection and that a change in  $pH_i$  is reflected in the whole cell The cytosol make up the major part of a muscle sample and measured absolute values of pH and metabolites will primarily represent this compartment

Importance of  $pH_i$  for the regulation of energy metabolism The immediate energy source for muscular contraction is ATP The content of ATP is however limited and would only last for a few seconds if the muscle works at its maximum capacity ATP must therefore be resynthesized at about the same rate as it is utilized ATP can be resynthesized by breakdown of PCr through glycolysis and by oxidative phosphorylation The relative concentrations of ATP, ADP and AMP are the main regulators of the rate of ATP generation (Atkinson 1968 Newsholme & Start 1974) and do also seem to be important for determining which substrate to be used (i.e. PCr, glycogen, glucose, fat; McGilvery 1973) Muscle tissue has a high glycolytic capacity and can change its glycolytic rate about 100 times At the maximum glycolytic rate lactic acid is accumulated within the muscle cell in high amount and will decrease intracellular pH To avoid destruction of acid labile cell components lactic acid pro-

duction must be limited. It was already in 1955 concluded by Hill from experiments with electrical stimulation of muscle that formation of lactic acid ceased at an intracellular pH of about 6.3. It has been shown that phosphofructokinase (PFK) which is considered to be the rate limiting enzyme for glycolysis is inhibited in vitro at low pH (Danforth 1965, Tivoli 1966). At the ATP co-concentration in resting muscle (about 7 mmol/l) PFK is almost completely inactive at a pH of 6.4 which is close to the measured  $pH_i$  after exhaustive exercise (I, II & VI). Evidence exists that at least part of the pH inhibition is due to the accumulation of  $HATP^{3-}$  which is a very potent inhibitor of PFK (Lowry & Passonneau 1966).

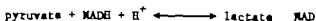
Glycogen phosphorylase is activated during muscular contraction. An active phosphorylase will produce hexose-phosphate which if PFK is inhibited would accumulate in the muscle. Formation of hexose-phosphate from glycogen and inorganic phosphate will at the prevailing intracellular pH (6.4-7.0) release  $H^+$  and therefore decrease  $pH_i$  ( $pK_a$  6.1 of glucose 1-P, glucose 6-P, fructose 6-P and  $pK$  6.8 of  $H_2PO_4^-$ ). Excessive accumulation of fructose 6-P would also partly overcome the pH inhibition of PFK (Tivoli & Danforth 1966) with a further production of lactic acid as a result. Thus it also would be of physiological importance to have an inhibition of phosphorylase at low pH.

Glycogen phosphorylase exists in two forms  $a$  and  $b$  which are interconvertible. To obtain maximum activity at low intracellular pH of glucose 6-P it has maximum capacity of acceleration of lactate formation the enzyme should be in the  $a$  form. The conversion of phosphorylase  $b$  to phosphorylase  $a$  in muscle regulated by a very complex mechanism involving metabolism as well as hormonal and nervous control. It has been shown by Danforth (1965) that the conversion of phosphorylase  $b$  to phosphorylase  $a$  during stimulation of muscle is inhibited at low pH. The pH inhibition of the conversion of phosphorylase  $b$  to  $a$  could be due to inhibition of phosphorylase  $b$  kinase and adenylylase which are involved in the regulation process and which activities are pH sensitive (Krebs et al 1964, Nawatari et al 1974). It must however be remembered that the effect of pH on these enzymes was investigated in vitro and the physiological importance remains to be proved by in vivo experiments.

The inhibition of PFK by pH can also be shown to be overcome by an increase in AMP (Tivoli & Danforth 1966). In this situation (high AMP, low pH) the activity of AMP deaminase which has been marked

optimum at pH 6.1-6.5 (Sotlow & Lowenstein 1967) will increase and deamination of AMP to IMP will occur. Deamination of AMP could be of importance by preventing excessive AMP formation which would stimulate glycolysis and result in a further acidification. Deamination of AMP to IMP will also release ammonium ions and consequently absorb part of the excess hydrogen ions.

Hydrogen ions are involved in the lactate dehydrogenase reaction:



If equilibrium is assumed the following equation can be derived:

$$\frac{(\text{lactate})}{(\text{pyruvate})} = K_{\text{eq}} \frac{(\text{NADH})(\text{H}^+)}{(\text{NAD})} \quad \text{Eq. 6}$$

The increased lactate/pyruvate ratio observed after exercise (II) is due to increased NADH/NAD ratio and to increased  $\text{H}^+$  concentration. This pH dependence will occur in all reactions involving NADH/NAD and the observed increase of the ratio  $\alpha$ -glycerol phosphate/dihydroxyacetone phosphate after exercise (Bergström et al. 1971) should be viewed in this context.

The importance of pH for the creatine kinase reaction and contents of high-energy phosphates has already been extensively discussed (Chapters 4 & 5).

The effect of pH on the mitochondrial function has been investigated by Mitchelson & Hild (1973) and Tobin et al. (1972). They showed that oxidative phosphorylation was rather unaffected by the extramitochondrial pH in the range of 6.5-7.0 where severe inhibition was obtained at pH 6.0 (Mitchelson & Hild 1973). The absence of physiological carbon dioxide tensions in these experiments makes however an interpretation to an *in vivo* situation difficult. Change in  $\text{PCO}_2$  and  $\text{HCO}_3^-$  might have an effect on the citric acid cycle (Adler 1970) and presence of the  $\text{CO}_2$  system could also be prerequisite for obtaining a pH change within the intramitochondrial when the pH of the surrounding medium is changed. Thus further experiments are necessary to explore the function of mitochondria at the low pH prevailing after exhaustive exercise.

Muscle contraction is believed to be initiated by a release of  $\text{Ca}^{2+}$  from the sarcoplasmic reticulum into the cytoplasm which stimulates myosin ATPase and causes the breakdown of ATP and thus the formation of cross-linkage. It has been shown that the



maximum ATPase activity of the actomyosin system decreases by about 25% when pH decreases from 7.0 to 6.5 (Schädié 1967, Portzehl et al. 1969). The same authors did also show that a decrease in pH increased the amount of required  $\text{Ca}^{2+}$  for obtaining maximum activation. In a study by Nakamaru & Shibata (1972) the protein binding of  $\text{Ca}^{2+}$  in the sarcoplasmic reticulum was found to increase when pH in the incubation medium decreased to 6.5. The in vitro studies suggest that  $\text{pH}_i$  might be of importance for the muscle contraction itself. A direct inhibition of the contraction process by hindering several cellular activities would be an advantageous feedback signal for the skeletal muscle by which the energy production would decrease and the acidification prevented.

The amount of energy which is liberated when 1 mol of ATP is hydrolyzed to ADP and  $\text{P}_i$  is dependent upon the concentration of ATP, ADP,  $\text{P}_i$ , free  $\text{Mg}^{2+}$  and  $\text{H}^+$ . The changes in the a-f-t-r which occur during hard exercise all tend to decrease the energy (IV). From the existing conditions in muscle it was calculated (IV) that the free energy change which occurs when 1 mol ATP is hydrolyzed decreases from 54 kJ at rest to 30 kJ after exhaustive exercise. The ATP/ADP ratio used in these calculations was obtained 4-6 sec after termination of exercise (the time before the muscle samples were frozen). The value indicating the actual concentration might be considerably lower and the influence on the free energy change thus even more pronounced.

The minimum energy which is required to break and construct new bond between myosin and actin is not known. It is, however, possible that the energy which is obtained from hydrolysis of 1 mol of ATP in some situations decreases below this level. In this situation muscle contraction stops not because of lack of ATP but because of too low energy yield of the  $\text{ATP} \rightarrow \text{ADP}$  transition. It is well known that the whole ATP content present in the muscle cannot be utilized during contraction. This has been interpreted as a consequence of compartmentalization of ATP (Gercken & Schlitt 1968, Gudbjarnsson et al. 1970) but, according to the above discussion, it will be the consequence of a too low energy yield in the ATP hydrolysis. Intrinsically the consequence of pH inhibition of the contraction process.

## SUMMARY

- 1 Methods have been developed for measurements of intramuscular pH. Total muscle pH was measured with a glass electrode in homogenized tissue. Intracellular pH ( $\text{pH}_i$ ) was derived from measurements of acid labile  $\text{CO}_2$  in muscle samples.
- 2 Normal values for resting quadriceps muscle of man were: total muscle pH  $7.080 \pm 0.034$  ( $n=12$ );  $\text{pH}_i$   $7.00 \pm 0.06$  ( $n=13$ ).
- 3 After fatiguing isometric contraction to 68% of the maximum voluntary contraction for total muscle pH decreased to  $6.56 \pm 0.07$  ( $n=8$ ).
- 4 After exhaustive bicycle exercise for about 5-10 min total muscle pH decreased to  $6.60 \pm 0.14$  ( $n=9$ ) and  $\text{pH}_i$  to about 6.4. After 20 min recovery total muscle pH as well as  $\text{pH}_i$  were restored to the values at rest. The obtained changes in intramuscular pH after exercise and during recovery as measured with the two different techniques were in agreement.
- 5 Decrease in total muscle pH was found to be linearly related to a cumulation of lactate + pyruvate ( $\text{mmol/kg dry wt}$ ) Isometric exercise  
 $\text{pH} = 7.06 - 0.00532(\text{lactate} + \text{pyruvate}) - 0.96$   $n=24$   
 Bicycle exercise (5-10 min):  
 $\text{pH} = 7.06 - 0.00413(\text{lactate} + \text{pyruvate})$ ;  $r=0.92$   $n=13$   
 The difference between isometric and dynamic exercise was considered mainly to be due to an efflux of  $\text{H}^+$  to the blood (essentially as carbonic acid) during bicycle exercise.
- 6 Measurements in arterial blood showed an identical increase in lactate + pyruvate and base deficit during exercise indicating that efflux of lactate from muscle was accompanied by an equimolar amount of  $\text{H}^+$ . During the first minutes of recovery an increase in base deficit occurred in arterial

blood whereas no corresponding change was found in lactate pyruvate content. The results are believed to be the consequence of release of H<sup>+</sup> in excess of lactic acid from muscle during the first minute of recovery. Measurements in muscle were in accordance with this hypothesis.

- 7 The contribution of different substances to the intracellular buffering toward lactic acid during bicycl exercise has been estimated. PCr depletion constituted 38% efflux of carbonic acid 18% P<sub>i</sub> 11% and formation of glutamine 11% of the buffering. The calculated total intracellular buffer capacity (68.81) is in agreement with in vitro measurements reported in literature and is very close to the ratio  $-\Delta(\text{lactate} + \text{pyruvate}) / \Delta \text{pH}$  as obtained after bicycl exercise.
- 8 Intracellular  $\text{HCO}_3^-$  was calculated to 10.2 - 12 mmol/l H<sub>2</sub>O at rest and to about 3 mmol/l H<sub>2</sub>O after exhaustive bicycl exercise.
- 9 The ratio of ATP to ADP in muscle sample taken immediately after termination of exercise appeared to decrease linearly when lactate content increased. The decrease in ATP/ADP ratio was believed to be the consequence of a steady-state condition determined by decreased P<sub>H<sub>i</sub></sub> and lack of oxygen.
- 10 A general relation between content of phosphocreatine (PCr) and lactate was observed in muscle samples taken immediately after termination of exercise. The relation seemed to be independent of type, intensity and duration of the preceding exercise and is believed to be the consequence of a steady-state condition determined by P<sub>H<sub>i</sub></sub> and lack of oxygen.
- 11 No resynthesis of PC occurred when the blood supply to the muscle was occluded.
- 12 Total adenine nucleotide (TAN) content in muscle decreased by about 13% after exhaustive bicycl exercise. A corresponding increase in inorganic 5-monophosphate (IMP) was observed. After 30 min recovery the basal content of TAN was restored and IMP had disappeared from muscle.

- 13 The mass action ratio of the creatine kinase reaction ( $MAR_{CK} = (Cr)(ATP)/(PCr)(ADP)$ ) increased in muscle from about 5 at rest to about 100 after exhaustive exercise. A fall at recovery occurred when the blood supply was intact. The changes in  $MAR_{CK}$  in association with exercise were considered to be dependent upon  $pH_i$  and availability of oxygen. The possibility of equilibrium or a steady-state in the creatine kinase reaction is discussed.
- 14 The regulation of energy metabolism at low  $pH_i$  is discussed.

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EFFECTS OF GASTROINTESTINAL HORMONES  
ON CONCENTRATING FUNCTION AND MOTILITY  
IN THE GALLBLADDER

*An experimental study on the cat*

By  
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ACTA PHYSIOLOGICA SCANDINAVICA  
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This thesis is based on the following publications

- I. An experimental method for studying *in vivo* gallbladder absorption  
Svanvik, J. and R. Jansson.  
*Gastroenterology* 1977 72: 634–638
- II. Effects of intravenous secretin and cholecystokinin on gallbladder net water absorption and motility in the cat.  
Jansson, R. and J. Svanvik.  
*Gastroenterology* 1977 72: 639–643
- III. Effects of intravenous vasoactive intestinal peptide (VIP) on gallbladder function in the cat.  
Jansson, R., G. Steen and J. Svanvik.  
*Gastroenterology* 1978: In press.
- IV. A comparison of glucagon, gastric inhibitory peptide and secretin on gallbladder function, formation of bile and pancreatic secretion in the cat.  
Jansson, R., G. Steen and J. Svanvik.  
Submitted in *Scand. J. Gastroenterol.*
- V. Effects of intraduodenal acid on gallbladder net water absorption and motility in the cat.  
Jansson, R.  
*Scand. J. Gastroenterol.* 1978 13: 209–215

These papers will be referred to in the text by their Roman numerals.

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## INTRODUCTION

The gallbladder has two important physiological functions. Firstly the mucosa of the gallbladder absorbs water and electrolytes from the bile rendering the gallbladder contents a concentrated solution of organic constituents. Secondly it stores the bile until the smooth muscle of the gallbladder contracts in response to a meal delivering concentrated bile to the intestine. These two main functions are *per se* extensively well studied. Present knowledge of the motility of the gallbladder has been reviewed by Lin (1975) and the concentrating function by Dietachy (1966) and Wheeler (1971).

Due to the accessibility of the organ the gallbladder has been frequently used for *in vitro* studies of transport mechanisms through biological membranes. However in a situation in which an organ is isolated from its blood circulation and lymphatic drainage and from the influence of nerves and blood-borne factors, its function cannot be fully comparable to *in vivo* conditions. Studies on the concentrating mechanism of the gallbladder *in vivo* are few and little attention has been focused on factors influencing the rate of water absorption in the gallbladder and thereby the concentrating effect on its contents. It is generally believed that the only important factor determining the extent of concentration of the bile is the time it remains in contact with the gallbladder mucosa. Experimental studies 45 years ago however have demonstrated that there seems to be a diurnal variation in the rate of gallbladder water absorption, suggesting a physiological regulation of its concentrating mechanism (Johnston et al. 1932). It has later been suggested that this regulation is mediated via hormones and autonomic nerves (Diamond 1968) but this has so far not been experimentally proved.

During the last decade our knowledge about the gastrointestinal peptides or hormones has increased tremendously. Besides the three classical hormones, gastrin, secretin and cholecystokinin, several peptides, called "candidate hormones" have been found. A lot of these peptides are known to influence water and electrolyte secretion and motility in the gastrointestinal tract.

### Anatomy

The gallbladder in the cat is located below the surface of the right part of the clefted liver often with a broad connection to the liver. In rare cases it has an intrahepatic position. The cystic duct is long and winding, usually ending in the common bile duct but anastomoses are frequent. The common bile and the pancreatic ducts share a common channel before emptying into the duodenum.

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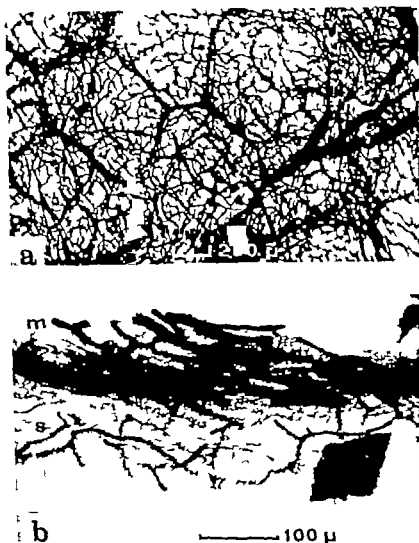


Fig. 2. Section from cat gallbladder showing the vascular anatomy after *in vivo* infusion of carbon black into the coeliac artery. The tissue was treated according to Spalteholz (1888). (a) The gallbladder wall is seen from the inside through all layers and their vasculature superimposed upon each other. Note the rich vasculature and the polygonal arrangement of the vessels. (b) A cross section (100 $\mu$ ) of the gallbladder wall. The mucosal layer on top. The difference in density of the vascular network between mucosal (m) and subserosal (s) layers is obvious.

The sections were prepared in collaboration with Dr Mikael Romanus, Laboratory of Experimental Biology, Department of Anatomy, University of Göteborg.

and Boyden 1943 Kune 1972) The vagal fibres are predominantly found in the hepatic branch of the right vagal trunk and the sympathetic fibres derive from the celiac plexus. In the gallbladder wall two plexuses of nerves can be identified one in the subserosa and one plexus in near contact with the epithelial cells (Newton 1964 Sutherland 1967)

### Physiology

The bile that enters the gallbladder from the liver is a solution comprising of about 97 per cent water and 1 – 2 per cent bile acids. The remainder is mostly phospholipids, cholesterol, bile pigments and water-soluble salts (Scratcherd 1965 Wheeler 1968 Brooks 1976). The electrolyte composition of the bile differs between species and also within a given species dependent on the time of collection. Cations concentrations in bile are roughly similar to that in plasma. There are greater differences in anions concentrations, and the dominant anion, chloride, is somewhat lower than that in plasma. The concentration of bicarbonate is often higher giving the hepatic bile a higher pH than that in plasma. Hepatic bile is isoosmolar to plasma.

In the gallbladder as much as 90 per cent of the water in bile can be removed (Rous and McMaster 1921 Ravdin et al. 1932) and the gallbladder epithelium maintains per tissue weight one of the highest rates of water transport (Diamond 1968). The concentrating process involves a reabsorption of inorganic electrolytes, chiefly sodium chloride and sodium bicarbonate. The result is a progressive increase in the concentration of the conjugated bile acids and reduced concentrations of chloride and bicarbonate. The final outcome, the concentrated gallbladder bile, is a solution with high concentrations of bile acids. Sodium, potassium and calcium concentrations are high compared to plasma and chloride and bicarbonate concentrations low. With the pronounced increase in all solutes in the bile, an increase in the osmotic activity could be expected. However, conjugated bile salt anions form osmotically inactive micelles, explaining why the bile remains isoosmotic with serum (Johnston and McBain 1942).

*Gallbladder absorption.* The transport mechanism in the gallbladder wall has been extensively studied *in vitro* (Diamond 1962 Wheeler 1963 Dietschy 1964). The most reasonable theory for the mechanism of absorption is the Curran serial membrane model (Curran and McIntosh 1962). This includes an active transport of solute across the lateral cell walls of the epithelial cells into the lateral spaces. A local osmotic gradient is created which forces water to pass from the lateral cell wall into the lateral space. The hydrostatic pressure in the lateral space rises and drives the solution out through the basal clefts. This theory is supported by electron microscopy studies showing distended intercellular spaces at high absorptive states (Kaye et al. 1966).

The rate of fluid absorption from the gallbladder lumen *in vivo* has been studied by different methods (for review see 1). Ravdin et al. (1932) found that 3 – 4 ml/h or 16 per cent of the gallbladder volume per hour was absorbed by the canine gallbladder.



Grim and Smith (1957) estimated canine water flux rates to about 10 per cent of the gallbladder volume per hour. The rabbit gallbladder has been shown to absorb fluid at rates of 0.8 — 1.0 ml/h or about 30 per cent of gallbladder volume per hour (Whitlock and Wheeler 1964). The rate of fluid absorption reported in studies on the isolated organ is slower. Whitlock and Wheeler (1964) observed that the absorptive rate in rabbit gallbladders was about one third of the rate observed *in vivo*. However, Onstad et al (1967) studied the rate of fluid transfer across human gallbladder removed for cholelithiasis and reported rates of absorption as high as 2.9 ml/h or approximately 10 per cent of gallbladder volume per hour.

Substances other than water and electrolytes are only to a small extent absorbed. Ostrow (1967) found that unconjugated bilirubin was absorbed in the gallbladder of the guinea pig. The mechanism was thought to be passive and dependent upon water absorption. In healthy gallbladders bile acids are not absorbed whereas during inflammation rapid absorption can be seen (Ostrow 1969, 1971). Phospholipids and cholesterol are also absorbed to a small extent (Riegel et al. 1932, Nelderhiser et al. 1976).

Johnston et al (1932) reported that the average hourly absorption of water in the canine gallbladder was three times greater in daytime than at night and Potter (1936) made the observation that the gallbladder in pregnant women undergoing cesarean section was distended, containing bile with much the same concentrations as hepatic bile. The altered function of the gallbladder during pregnancy has been found also in animals (Smith et al. 1941, Myers and Hall 1942). These findings have been explained by the influence of hormones and autonomic nerves (Diamond 1968).

The effects of humoral factors on the concentrating function of the gallbladder have been studied, however mostly *in vitro*. The results using different experimental models and in different species are often conflicting. Thus, Cremaschi and Galante (1969) reported that vasopressin *in vivo* slightly increased but *in vitro* inhibited net water transport. Furthermore, oxytocin produced a complete inhibition of water transport *in vitro* (Diamond 1962) whereas no effect could be revealed *in vivo* (Cremaschi and Galante 1969). Perkins et al. (1969) studied the effects of gastrin, cholecystokinin (CCK) and secretin on isolated canine gallbladders and found a reduced fluid transport when one of these hormones was added to the mucosal bath. Kraft et al. (1969) could not find any effect of CCK and gastrin on isolated rabbit gallbladders, whereas secretin reduced the fluid transport. The effects of gastrin, CCK and secretin on the concentrating function of the gallbladder *in vivo* so far have not been studied. The effects of other gastrointestinal peptides, vasoactive intestinal peptide (VIP) and gastric inhibitory peptide (GIP) have not been reported, neither *in vivo* or *in vitro*.

Little is known about nervous influence on the concentrating function of the gallbladder. Diamond (1962) showed that acetylcholine caused a small inhibition in the net water transport by the fish gallbladder. Westphal et al (1931) found that electric stimulation of the distal end of the right vagus nerve in the anesthetized dog caused an increase in the reabsorptive function of the gallbladder.

**Gallbladder motility.** According to Ivy (1934) the gallbladder has two types of motor activity: tonus rhythm and tonic contraction. The tonus rhythm is maintained by a rhythmic contraction and relaxation occurring, in the cat, at a rate of about one contraction a minute. The tonic contraction seen after a meal gives a sustained rise in intragallbladder pressure persisting from five to thirty minutes or more. It is generally believed that CCK is mainly responsible for this contraction and the effect of this hormone on gallbladder motility is thoroughly studied (Jorpes and Mutt 1973).

The mode of action of CCK on the gallbladder is not known. The effect is neither modified by vagotomy (Scheinin et al. 1967) nor by atropine,  $\alpha$ - and  $\beta$ -adrenergic blockers (Tooill and Watts 1972, Lin 1975). It has been concluded that CCK acts directly on gallbladder muscle. An earlier suggestion (Amer 1974) that the action is mediated by increasing the concentration of cyclic GMP has recently been disproved (Andersson et al. 1977). Among hormones, besides cholecystokinin, secretin and glucagon have no effects alone on gallbladder contraction while they augment contractions induced by CCK (Vagne and Troitskaja 1976). VIP has been found to decrease CCK-induced contractions in the feline gallbladder (Vagne and Troitskaja 1976) and relaxes the gallbladder of the opossum (Ryan and Cohen 1977).

Results so far published describing the effects of autonomic nerves on gallbladder motility are contradictory. Bainbridge and Dale (1905) found a relaxation of the gallbladder in response to electrical stimulation of the splanchnic nerve. Pallin and Skoglund (1964) found no effect and Satler et al. (1972) reported a distinct contraction of the gallbladder. Studies on human and cat gallbladder muscle have shown that sympathetic  $\alpha$ -receptor stimulating agents have a weak contractile activity whereas  $\beta$ -receptor stimulants relax the muscle strips (Persson 1972). Electrical stimulation of the parasympathetic nerves causes gallbladder contractions both in dogs and cats (Pallin and Skoglund 1961, Satler et al. 1972). Acetylcholine causes a marked contraction *in vitro* which is antagonized by atropine (Jung and Greengard 1933) whereas atropine itself causes varying degree of relaxation (Westphal et al. 1953, Satler et al. 1972).

## AIMS OF THE PRESENT INVESTIGATION

The absorptive function of the gallbladder as well as gallbladder motility *per se* have been thoroughly investigated. However most studies are based on *in vitro* experiments. Few investigations describe factors regulating the rate of fluid transport in the gallbladder. Little is known about the actions of secretin and newer gastrointestinal peptides on gallbladder motility.

The aims of the present investigation were

1. to work out a method for *in vivo* measurement of net transport of water and electrolytes across the gallbladder wall and concomitant motility in the gallbladder
2. to study the *in vivo* effects of secretin, cholecystokinin, vasoactive intestinal peptide, gastric inhibitory peptide and glucagon on gallbladder concentrating function and motility
3. to evaluate the effects of intraduodenal acid, a factor known to release gastrointestinal hormones, on gallbladder net water absorption and motility

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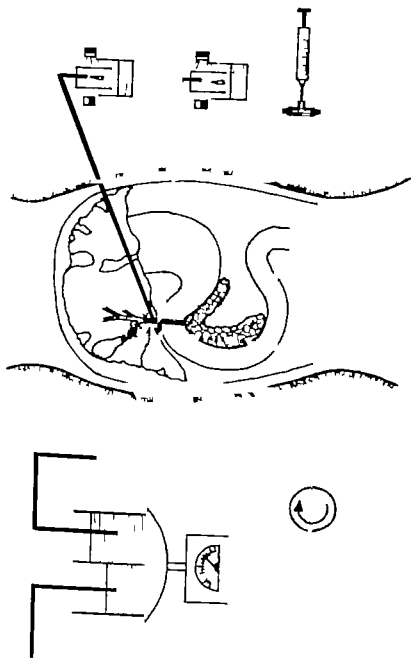


Fig. 3 Schematic illustration of the technique used for studying net water absorption from the gallbladder *in situ*. The gallbladder is perfused at a constant rate from neck to fundus. Net water absorption is registered as a continuous decrease of the weight on an electromagnetic balance. The syringe is connected to the inflow catheter to ensure mixing within the gallbladder. Hepatic bile flow and pancreatic secretion are registered with drop recorders.

mixing within the gallbladder 0.5 ml of the perfusate was aspirated and reinjected at 5 min intervals with a syringe connected to the inflow catheter. Every 20 min the total amount of effluent fluid was aspirated from its chamber on the balance and the same amount of fresh perfusate added to the influent chamber. In this way no fluid recirculated. The concentration of the tracer in the perfusate was measured in a liquid scintillation spectrometer. Net water transport was calculated according to the formula.

$$\text{Absorption} = Q_{\text{in}} - \frac{Q_{\text{in}} C_{\text{in}}}{C_{\text{out}}}$$

$Q_{\text{in}}$  = volume rate of inflow

$C_{\text{in}}$  = tracer concentration in the inflow

$C_{\text{out}}$  = tracer concentration in the outflow

The formula was considered to be valid during "steady state" conditions one hour after any induced change when the perfused volume was some three times the volume in the gallbladder lumen.

#### Measurements of electrolyte transport

The concentrations of sodium, potassium, chloride and bicarbonate in the influent and effluent perfusion fluids were measured (III-IV). Knowing these concentrations, the perfusion rate and the net water absorption, the net transport of electrolytes across the gallbladder wall could be estimated according to the following formula:

$$\text{Absorption} = Q_{\text{in}} C_{x_{\text{in}}} - Q_{\text{out}} C_{x_{\text{out}}}$$

$Q_{\text{in}}$  = volume rate of inflow

$Q_{\text{out}}$  = volume rate of inflow minus net water absorption calculated with the PEG-method

$C_{x_{\text{in}}}$  = concentration of the solute in the inflow

$C_{x_{\text{out}}}$  = concentration of the solute in the outflow

The formula was considered to be valid at "steady state" conditions one hour after any induced change.

### Measurements of gallbladder motility

Changes in the weight of the balance reflect changes in volume in the perfusion system either due to an absorption or a secretion in the gallbladder or displacements of fluid due to a contraction or a relaxation in the gallbladder (1). Since the net water absorption is estimated by the PEG-method changes in gallbladder volume can be calculated.

In paper I and II gallbladder motility was also recorded in separate experiments by a direct method. A balloon of thin rubber attached to the end of a plastic cannula was introduced into the lumen of the gallbladder. The balloon was filled with saline and connected to the electromagnetic balance. The hydrostatic pressure was set at 7 cm H<sub>2</sub>O. Weight changes on the balance reflected variations in gallbladder volume.

### Recordings of hepatic bile flow and pancreatic secretion

The common bile duct and the pancreatic duct were cannulated at their insertion into the duodenal wall and flow was continuously measured by optical drop recorders.

### Hormones

Pure Secretin and 20 % pure CCK were purchased from the Gastrointestinal Hormone Laboratory, Karolinska Institutet, Stockholm, Sweden.

VIP was a gift from Professor V. Mutt, Stockholm, Sweden.

GIP was a gift from Dr J. C. Brown, Vancouver, Canada.

Glucagon was purchased from Novo Industri A/S, Copenhagen, Denmark. All hormones were stored in crystalline form. They were kept frozen until just before the experimental period when they were dissolved in saline and infused into a femoral vein.

### Perfusion solutions

Six different solutions were used to perfuse the gallbladder.

1. Hepatic bile collected from other cat experiments (I – III, V).
2. Gallbladder bile aspirated from the gallbladder in animals deprived of food for at least 24 hours (I).
3. Saline (0.9 g/l) (I).
4. Saline isotonic to plasma (I – III, V).
5. Electrolyte solution with concentrations of sodium, potassium, chloride and bicarbonate the same as those in hepatic bile and buffered to isosmolarity by mannitol (IV: Na<sup>+</sup> 130, K<sup>+</sup> 5, Cl<sup>-</sup> 105, HCO<sub>3</sub><sup>-</sup> 30 mmol/l).
6. Mannitol solution (I).

## METHODOLOGICAL CONSIDERATIONS

The method to evaluate the net water transport in the gallbladder involves a number of both practical and theoretical problems. The technique assumes that there is no leakage from or to the perfusion system. The existence of accessory bile duct connections to the gallbladder was not found nor any leakage from the system outside the gallbladder (1). The method also assumes a complete mixing in the gallbladder which *per se* is difficult to assess. The volume method also assumes a constant density of the perfusate during its passage through the gallbladder. This assumption has also been tested.

During conditions with a constant gallbladder volume the prerequisites for the technique seem to be fulfilled. The two different methods for measuring net water transport are then highly compatible (1).

With a constant gallbladder volume the formula used for the calculation of the net water transport with the help of PEG is derived as follows.

$$\begin{cases} Q_{in} C_{in} = Q_{out} C_{out} \\ Abs = Q_{in} - Q_{out} \\ Abs = Q_{in} - \frac{Q_{in} C_{in}}{C_{out}} \end{cases}$$

$Q_{in}$  = volume rate of inflow

$Q_{out}$  = volume rate of outflow

$C_{in}$  = tracer concentration in the inflow

$C_{out}$  = tracer concentration in the outflow

This formula seems also to be valid if there is a continuously changing volume in the gall bladder providing that the mixing procedures abolish gradients in the tracer concentration between the lumen and the outflow as well as within the lumen.

$$\begin{cases} Q_{in} C_{in} = C_{out} (Q_{out} + Q_{\Delta V}) \\ Abs = Q_{in} - (Q_{out} + Q_{\Delta V}) \end{cases}$$

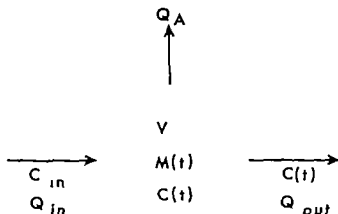
where  $Q_{\Delta V}$  = the flow to change the gallbladder volume

$$Abs = Q_{in} - \frac{Q_{in} C_{in}}{C_{out}}$$



The formula used to calculate the net water absorption is thus valid even if the volume of the gallbladder is not constant.

The major disadvantage of the present technique using PEG is that changes in net water transport in the gallbladder are detected after considerable delay due to the slow perfusion rate. To account for this factor an equilibration period of at least one hour had to be used before a new absorptive state was considered to be representative. The size of this error can be calculated.



- $Q_{in}$  = volume inflow
- $C_{in}$  = PEG concentration in the inflow
- $V$  = volume of the gallbladder
- $M(t)$  = amount of tracer in the gallbladder
- $C(t)$  = PEG concentration in the gallbladder
- $Q_A$  = net water absorption
- $Q_{out}$  = volume outflow

In such a system where a volume  $V$  is perfused and in which complete mixing is ensured the change of tracer  $\Delta M(t)$  during time  $\Delta t$  can be expressed as

$$\Delta M(t) = Q_{in} \Delta t C_{in} - Q_{out} \Delta t C(t) \quad \text{where}$$

$$C(t) = \frac{M(t)}{V}$$

These equations can be solved

$$C(t) = C_{in} \frac{Q_{in}}{Q_{out}} (1 - e^{-t Q_{out}/V})$$

If there is a stepwise change in the net water absorption in the gallbladder the concentration of PEG in the outflow will change exponentially according to this formula. If  $V = 3$  ml and the net water absorption stepwise changes it can be calculated that the change in PEG-concentration in the outflow after 70 min is between 0.86 and 0.93 of the final value dependent of flow. Using these factors it can be calculated that the estimation after 70 min of the net water absorption is 0.88 ml/h when it stepwise rises from zero to 1 ml/h. When a secretion of 1 ml/h is induced from a state of no net transport across the wall this is after 70 min estimated to be 0.92 ml/h. This error should be considered, especially when comparing the results from the PEG-method with the results from the volume registering method. However often more than 60 min after an induced change passed before the start of the period used for the estimation of net water transport and the error then is smaller.

Since the gallbladder was perfused for several hours the physiological condition of the preparation can be discussed. In order to evaluate this factor the microscopic morphology of eight gallbladders taken from three different types of experiments were studied. The gallbladders were removed after the experimental runs, fixed and processed for examination by light microscopy. Each gallbladder was studied in several sections stained with hematoxylin-eosin. The three different types of experiment were firstly perfusion with isotonic saline solution (2 experiments), secondly perfusion by hepatic bile (3 experiments) thirdly control gallbladders taken from other cat experiments after surgical preparation of the stomach but with no intervention into the biliary tract (3 experiments). It was found that perfusion of the gallbladder with isotonic saline during eight hours caused a moderate acute inflammatory reaction throughout the gallbladder wall (fig. 4 left). When the gallbladder was perfused by hepatic bile no reaction was noted in the in-

layers of the gallbladder (fig. 4 right). However in the subserosal coat there was an infiltration of polymorphonuclear leucocytes. At higher magnification pavementing of leucocytes was seen in the vessels. The same picture was found in the control gallbladders. Therefore it is not likely that this reaction is due to the perfusion *per se* but is secondary to the operative trauma.



Fig. 4. Sections of the wall from cat gallbladders perfused with different solutions. Magnification  $\times 300$  (Lef) From a gallbladder perfused during eight hours with saline solution. Note signs of acute inflammatory reaction with a great number of polymorph-nuclear cells (Rigt) From a gallbladder perfused during eight hours with hepatic bile. The histologic picture is almost normal.

## RESULTS AND DISCUSSION

### Basal gallbladder function

*Water absorption.* The techniques described were used to study the basal net water absorption from different fluids perfusing the gallbladder lumen. These results are shown in table I. The gallbladder volume at the present conditions was estimated to average 2.3 ml (1). The rate of reabsorption of water from hepatic bile in the gallbladder lumen was 0.7 ml/h corresponding to 30 per cent of the gallbladder volume. The net water absorption from concentrated bile was only 0.23 ml per hour demonstrating a decreasing rate of net water absorption as the gallbladder concentrates its contents.

Table I. A comparison of net water absorption from different perfusion fluids in the gallbladder lumen. (The solutions are described on page 15).

	Volume registering method	Water absorption (ml/h $\pm$ SE)		Number of experiments
		PEG method		
Hepatic bile	0.68 $\pm$ 0.06	0.67 $\pm$ 0.06		21
Gallbladder bile	0.23 $\pm$ 0.11	—		4
Saline	1.08 $\pm$ 0.17	—		7
Isotonic "saline"	1.08 $\pm$ 0.10	1.06 $\pm$ 0.11		19
Electrolyte solution	0.87 $\pm$ 0.13	0.99 $\pm$ 0.15		13
Mannitol solution	0.03 $\pm$ 0.03	—		5

These results can be compared to earlier reports in the literature. Ravdin et al. (1932) found in their classical work the rate of fluid absorption in the canine gallbladder *in vitro* to be approximately 16 per cent of the total gallbladder volume per hour. Whitlock and Wheeler (1964) studied the rabbit gallbladder *in situ* and found absorption rates of about 30 per cent of gallbladder volume per hour. Gerolami and Sarles (1968) studied water

absorption from the feline gallbladder *in vitro* using an experimental model where bile was continuously infused into the gallbladder. The residual contents after a period of 15 to 4 hours were determined and an average net water absorption of 0.34 ml per hour can be calculated from their results. The low value in their study can be explained by the fact that there is a gradually increasing concentration of bile acids in the gallbladder which in itself diminishes water absorption (Ammon 1974).

The net water absorption from the gallbladder during perfusion with electrolyte solutions can also be seen in Table 1. The mean values are higher compared to the rate of fluid absorption from hepatic bile. This observation is in accordance with that of Ravdin et al (193 ) who found that the rate of absorption in the canine gallbladder was 8 ml/h from a bile free solution and 6.75 ml/h when the gallbladder contents consisted of hepatic bile. This higher absorption rate can be explained by the absence of bile acids that are known to damp the net water absorption (Ammon 1974). Another explanation is that the sodium ions in these solutions are not bound in micelles and a higher concentration of free sodium ions is exposed to the mucosal cells.

Addition of bicarbonate to the bile free perfusion solution (the electrolyte solution containing  $\text{HCO}_3^-$  30 mmol/l see page 15) did not change the rate of fluid transport. This observation contrasts with earlier *in vitro* findings. Diamond (1964) and Wheeler et al (1969) reported twice as rapid fluid transport by the gallbladder in bicarbonate-containing media compared to bicarbonate-free solutions. A possible explanation for the difference *in vitro* compared to *in vivo* is that the bicarbonate ion affects the utilization of endogenous substrate necessary for fluid transport (Martin 1974). *In vitro* the intracellular concentration of bicarbonate is dependent on the concentration of this ion in the bathing solution whereas *in vivo* the intracellular concentration is dependent on the blood concentration.

Removal of all electrolytes from the perfusion solution gave a complete loss of net water absorption. This is well-known earlier shown *in vitro* by Dietschy (1964), and depending on the fact that water transport is secondary to an active anion-cation transport (Diamond 1962).

**Electrolyte composition in hepatic and gallbladder bile.** Concentrations of sodium, potassium, chloride and bicarbonate were determined in both hepatic bile and gallbladder bile. Hepatic bile was collected from the common bile duct in anesthetized animals deprived of food for 24 hours. Gallbladder bile was obtained by puncturing the gallbladder of cats also deprived of food for at least 24 hours. These results are summarized in Table II.

The results are in accordance with those found in man and dog (Brooks 1976, Diamond 1968). It can be concluded that the ultimate product of the concentrating process in the gallbladder is a solution in which concentrations of sodium and potassium are high compared to plasma and chloride and bicarbonate concentrations are low. The pH decreases during the concentrating process.

Table II The electrolyte composition of cat bile expressed as mmol/l

	Na	K <sup>+</sup>	Cl	HCO <sub>3</sub>	pH
Hepatic bile (n = 7)	161 ± 3	3.9 ± 0.1	84 ± 2	40 ± 4	8.2 ± 0.1
Gallbladder bile (n = 9)	231 ± 9	7.8 ± 0.3	4 ± 1	4 ± 1 (n = 7)	6.5 ± 0.1 (n = 7)

*Electrolyte absorption.* The net transport of electrolytes across the gallbladder epithelium could be estimated by measuring the concentrations of the ions in the influent and effluent perfusion fluids and by knowing the perfusion rate and the net water movement. The average results from a group of experiments where the gallbladder was perfused by hepatic bile and another group perfused by an electrolyte solution (see page 15) can be seen in Table III.

Table III The average basal electrolyte absorption across the gallbladder wall

Perfused solution	Na μmol/h	K μmol/h	Cl μmol/h	HCO <sub>3</sub> μmol/h
Hepatic bile (n = 9)	98 ± 9	1.3 ± 0.3	102 ± 10	55 ± 12 (n = 7)
Electrolyte solution (n = 13)	162 ± 24	6.3 ± 0.7	174 ± 19	64 ± 11

It is evident that during "resting" conditions, there is a net absorption in the gallbladder of all ions measured, from both bile and from the bile-free solution. The higher electrolyte net absorption measured from the bile free solution can be explained by the absence of bile acids damping the absorption (Ammon 1974). Another explanation is that the ions in the bile free solution are not bound in micelles and higher concentrations of free ions are exposed to the mucosal cells.

In agreement with the results of Ravdin et al. (1932) an imbalance between the net absorption of measured anions and cations was seen in the present studies. Since electro-neutrality is supposed to be maintained there must be another explanation of this imbalance. On perfusion with bile changes in hydrogen ion activity and protonation or deprotonation of substances like bile acids, proteins and phospholipids are not included in the balance. Furthermore the absorption of some other cations or the secretion of some other anions, which were not measured, could be involved. However in the studies where

the gallbladder was perfused with a bile free solution an imbalance of the same magnitude was observed. In order to evaluate if this was due to a secretion of proteins, organic acids and phosphate concentrations of these substances were measured in the effluent (IV). It was found that the total content of organic acids and phosphate in the perfusate were less than 0.3 mmol/l and the concentration of protein was less than 0.01 mmol/l. Thus, a secretion of these anions is unlikely to explain the whole imbalance. The methodological errors are not supposed to be large enough to explain the whole cation/anion imbalance. The final explanation is probably a combination of several processes such as the secretion of an anion not measured into the gallbladder lumen and an overestimation of bicarbonate.

**Volume and motility** The gallbladder volume at the basal conditions with a distending pressure of 7 cm of water was estimated to average 2.3 ml (I). During basal condition it was found that the volume of the gallbladder remained at a constant level. In some experiments small spontaneous contractions were registered (I). However, these did not displace more than 0.1 ml and did not disturb the stable gross appearance of the curve. The registration technique did not usually allow recordings of short and transient minor contractions in the gallbladder.

#### *Gastrointestinal hormones and gallbladder function*

**Secretin.** The main physiological effects of secretin are regarded to be the production of a watery bicarbonate-rich fluid from the pancreas and the liver. Little is known about its effects on the gallbladder function. In the present study the effects of i.v. secretin (2 U = 0.6 µg per kg/h) on gallbladder function were tested, when the organ was perfused by saline, an electrolyte solution and hepatic bile in three different series of experiments. When the gallbladder was perfused by hepatic bile or the electrolyte solution, secretin completely abolished the net water absorption and in some experiments a slight secretion was seen (II-IV). The corresponding response for secretin when the gallbladder was perfused with saline was a significant secretion (II). Electrolyte absorption was studied in a series of experiments where the gallbladder was perfused with an electrolyte solution. The net absorption of chloride and potassium ions were significantly reduced and the net absorption of sodium and bicarbonate ions abolished (IV). Secretin was found not to influence the resting volume or the motility of the gallbladder but in all experiments it increased bile outflow and pancreatic secretion.

This study is an evaluation of *in vivo* effects of secretin on gallbladder water transport. It seems obvious that secretin in the given dose strongly influences the net transport of water and electrolytes across the gallbladder wall whereas motility is not affected. When the gallbladder retained bile the net absorption of water was abolished but no secretion was seen. However, when saline was used as the perfusate, secretin caused a significant secretion of fluid into the lumen. This difference may be explained by the possibility that saline damages the gallbladder epithelium and causes an inflammatory response. This hypothesis is corroborated by histological findings showing oedema and infiltration of leucocytes in the mucosa of gallbladders perfused with saline.

Since the plasma level of secretin in the present study was not measured it is difficult to assess whether it is within the physiological range. The dose (2 U per kg/h) however was found to induce a pancreatic and biliary response of the same order of magnitude as duodenal acidification in the same type of experiments (V). Furthermore Way and Grossman (1970) reported that half maximal response for pancreatic secretion in cats was induced by  $3.8 \pm 0.5$  U/kg/h of secretin. Recent studies have been published when plasma secretin levels after exogenous administration have been correlated to maximal pancreatic response both in man and pig (Häcki et al. 1977, Schaffalitzky de Muckadell et al. 1977). These authors found that maximum pancreatic output was obtained with an exogenous administration of about 1.0 U/kg/h and that an infusion of secretin 0.3 U/kg/h gave the same secretin plasma level as duodenal acidification.

During the last few years the physiological role of secretin has been under debate since several laboratories have been unable to observe a postprandial secretin release (for ref. see Straus 1978). The only known situation with raised plasma levels of secretin is during acid infusion into the duodenum (Rayford et al. 1976, Fahrenkrug et al. 1978) which is not strictly physiological. Straus (1978) reported in a critical review a wide range of measured steady state secretin plasma levels ranging from 0.6 pg/ml to greater than 600 pg/ml. Thus at present the true secretin fasting level cannot be given. It can not be excluded that the dose of secretin used in the present study gives plasma concentrations over the physiological range.

**Cholecystokinin.** The main physiological effects of CCK are to contract the gallbladder and to induce a secretion rich in enzymes from the pancreas. In the present study an venous infusion of CCK (2 U =  $0.66 \mu\text{g/kg/h}$ ) did not change the rate of fluid absorption in the gallbladder (II). Further it had a weak choleretic effect and induced a relatively low discharge from the pancreas. Two different methods were used to estimate the contraction of the gallbladder during infusion of CCK: a direct technique with a balloon inserted in the gallbladder and an indirect method by subtracting the PEG value from the volume-registering value (see Methods). The average values obtained with the balloon technique were an evacuation of 18 % of the basal volume. The corresponding figure with the volume registering method was 46 % of the basal volume. The maximal contraction was reached 20 – 25 minutes after the start of the continuous infusion (II).

No earlier investigations have evaluated the effects of CCK on gallbladder water transport *in vivo*. *In vitro* a slight decrease of the net water absorption has been reported when CCK is administered to the solution bathing the serosa of the gallbladder (Peskun et al. 1968). *In vivo* in the present study CCK had no effect on the water transport and this discrepancy illustrates the difference between *in vitro* and *in vivo* responses of the gallbladder.

The strong contractile effect of CCK on the gallbladder has been extensively studied in man and animals (Ivy 1934). Park et al. (1970) found that the gallbladder of healthy individuals contracts to 23 % of its initial volume 15 minutes after an i.v. injection of 1 U/kg of CCK and a fat meal expelled 55 % of the initial gallbladder volume after 15 minutes.



A number of studies using radioimmunoassay to estimate CCK levels have been reported (for ref see Straus 1978). However there are big discrepancies between these results and hormone levels at basal conditions and after a meal are not yet known. Therefore it is impossible to evaluate which dose of exogenous CCK that corresponds to the physiological release. Debas and Grossman (1973) evaluated the dose of pure CCK required to induce a half-maximal response in pancreatic protein secretion in dogs to be  $0.96 \mu\text{g/kg/h}$  which should be compared to  $0.66 \mu\text{g/kg/h}$  administered in the present study.

The discrepancies between the two methods used in the present study to evaluate gall bladder contraction may be explained by difficulties in completely filling out the whole of the gallbladder lumen with the balloon.

*Vasoactive intestinal peptide.* Vasoactive intestinal peptide (VIP) isolated 1970 by Said and Mutt is chemically related to secretin, glucagon and GLP (Said and Mutt 1970). VIP is found in the whole of the gastrointestinal tract and the total amount of this peptide found there far exceeds that of gastrin and secretin (Bloom and Polak 1976). It still belongs to the group of "candidate hormones" as its mode of release and physiological actions are not known (Grossman 1974, Bloom 1977). At exogenous administration VIP has a wide range of biological actions: systemic vasodilatation, inhibition of gastric secretion, relaxation of gastric and gallbladder muscle, stimulation of pancreatic and bile secretion and stimulation of small intestinal secretion (Said and Makhoul 1974).

In the present study it was shown that an intravenous infusion of VIP ( $1 \mu\text{g/kg/h}$ ) reversed the net water transport in the gallbladder from an absorption to secretion both when the gallbladder was perfused by hepatic bile and saline (III). During infusion of VIP the net transport of sodium, potassium and bicarbonate also changed direction and a secretion into the gallbladder lumen was found. The absorption of chloride ions was significantly reduced but no secretion found. When the infusion of the peptide stopped the absorptive function in the gallbladder returned to the preinfusion level.

VIP caused an initial slight relaxation of the gallbladder amounting to around 10 per cent of the basal volume. No subsequent changes in the gallbladder volume were seen during the later part of the VIP infusion periods. Bile flow was doubled and a pancreatic secretion of around  $5 \text{ ml/h}$  was seen in response to VIP.

Recently Sundler et al. (1977) demonstrated with an immunohistochemical technique VIP-containing nerve fibres in the gallbladder wall of cat and man. These fibres are located in the smooth muscle layer and just beneath the epithelial cells whereas no immunoreactive endocrine-like cells could be demonstrated. This special arrangement is particularly interesting since it has been postulated that VIP is a neurotransmitter (Bryant et al. 1976) and since it is known that the concentration of VIP in portal blood increases during electric vagal stimulation (Schaffalitzky de Muckadell et al. 1977). These findings raise the question as to what happens in the gallbladder during electric vagal stimulation. In a preliminary study it has been found that efferent vagal stimulation in the neck after the administration of atropine causes a relaxation of the gallbladder and a significant decrease in the net water absorption (Svanvik et al. 1978, unpublished observations). Ex

periments are in progress to further study a possible release of VIP in the gallbladder. Such a mechanism might produce a high concentration of the peptide locally at the receptors to an extent that is not reflected in the plasma levels.

**Gastric inhibitory peptide.** Gastric inhibitory peptide (GIP) was isolated in 1969 from impure CCK preparations by Brown et al. (1969) and was purified and sequenced two years later (Brown and Dryburgh 1971). Its main actions on i.v. infusion are to inhibit gastric acid secretion (Pederson and Brown 1972) and release insulin (Dupre et al. 1973). Furthermore GIP seems to influence gastrointestinal motility (Pederson 1971) and reduce the net absorption of water and electrolytes in the human jejunum (Halman and Barbezat 1977).

In the present study the effects of GIP on gallbladder net water and electrolyte transport as well as gallbladder motility, pancreatic secretion and bile flow were investigated. (IV). It was found that GIP intravenously at a dose of 1 – 30  $\mu\text{g/kg/h}$  did not influence the net transport of water, Na, K, Cl or  $\text{HCO}_3$ , and it had no effect on gallbladder motility or the secretion of bile and pancreatic juice. The potency of GIP was tested in two experiments where the gastric volume was registered in acutely vagotomized animals. In both experiments a relaxation of the stomach could be registered at an i.v. dose of 30  $\mu\text{g/kg/h}$ .

GIP belonging to the same hormone family as secretin and VIP seems to influence human jejunum water and electrolyte transport, but does not share the effects of these hormones on the gallbladder. A dose of the peptide that relaxes the stomach was not found to influence the volume of the gallbladder.

**Glucagon.** Pancreatic glucagon has its main actions on carbohydrate metabolism (Unger and Orci 1976). Like secretin and GIP it inhibits gastric secretion and motility (Lin and Spray 1968; Stunkard et al. 1955). In high doses glucagon can induce a relaxation of the human gallbladder and increase bile secretion in man (Dyck and Janowitz 1971; Chernish et al. 1972). In the present study it was found that i.v. glucagon at a dose (1 – 20  $\mu\text{g/kg/h}$ ) that significantly raised the blood glucose level did not affect the net transport of water or Na, K, Cl and  $\text{HCO}_3$  in the gallbladder (IV). No changes in gallbladder motility were seen and bile flow and pancreatic secretion were also unaffected whereas secretin in the same experiments had a potent effect.

Glucagon and secretin are chemically closely related. Secretin contains 27 amino acid residues, glucagon contains 29 and of these 14 occupy identical positions. In the stomach both inhibit gastric secretion but in the small intestine the effects of the two hormones are divergent. Glucagon is known to reduce the intestinal net water absorption in man (Hicks and Turnberg 1974) and to induce a secretion into the lumen of the small intestine in the dog (Barbezat and Grossman 1971). Secretin does not seem to influence the intestinal fluid transport (Barbezat and Grossman 1971). The opposite situation seems to be valid for the gallbladder where secretin completely abolished the net water absorption (II–IV) while glucagon did not affect the rate of fluid transport. Glucagon has been demonstrated to have a choleric effect in man (Dyck and Janowitz 1971) and

dog (Jones et al 1971) while in the rat no increase in hepatic bile flow was registered (Shaw and Heath 1973). In the reported studies the choleretic effect of glucagon at a low dose seems to be slight, transient or absent and in the present study no effect was seen (IV).

#### Gallbladder response to intraduodenal acid

Introduction of hydrochloric acid into the duodenum initiates a complex response involving the activation of autonomic nerves (Pavlov 1902, Tanturi and Ivy 1938) and release of gastrointestinal hormones (Starling and Bayliss 1902, Wormsley 1971). The influence on gallbladder function was studied in two series of experiments (V). It was then found that the net water absorption from the gallbladder was reduced to one third of the basal value and a contraction corresponding to 22 per cent of the resting gallbladder volume was estimated. Bile flow almost doubled and a pancreatic secretion of 4 ml/h was induced.

Installation of acid into the duodenum causes release of both secretin and CCK (Berry and Flower 1971, Schaffalitzky de Muckadell et al. 1977). Therefore one might feel tempted to assume that the reduced net water transport is entirely explained by a release of secretin and that the contraction is due to a release of CCK. However, it is difficult to compare the complex situation when infusing acid by studies using i.v. infusion of isolated hormones, since both hormone-hormonal and neurohumoral interactions are known to exist. These complex relationships are exemplified by the divergent results seen in different studies of gastric acid secretion during infusion of acid in the intestine (Wormsley 1971, Ward and Bloom 1975). The gallbladder response seen in the present study could entirely be explained by the influence of secretin and CCK. However, several other hormones with known or probable effects on the gallbladder may be involved. Until the effects of the autonomic nervous system and other gastrointestinal hormones and their relationship on gallbladder function are known, it is impossible to fully elucidate which processes are involved.

## GENERAL IMPLICATIONS

### Physiological regulation of the gallbladder concentrating function?

Two observations published fortyfive years ago suggested that the concentrating function of the gallbladder had physiological variations (see page 9). In 1968 Diamond suggested that hormones and autonomic nerves were involved. During the last decade our knowledge in the field of the gastrointestinal peptides or hormones has vastly increased. In the present study it was found that secretin and VIP strongly influence the net absorption of water and electrolytes from the gallbladder. Further it was found that acid infusion into the duodenum also influences on the concentrating function of the gallbladder. These findings suggest that there is a physiological regulation. It could be argued that supra-physiological doses of the peptides were used and that the introduction of non-buffered hydrochloric acid into the duodenum is not a physiological procedure. Without studying the gallbladder in the conscious animal in different physiologic situations it is impossible to prove that there really is a regulation of its concentrating function. However the prerequisites for regulation are accessible as secretin and VIP are available in the gastrointestinal tract and VIP containing nerve fibres exist topographically near the mucosal cells of the gallbladder.

### The concentrating function of the gallbladder and the enterohepatic circulation of bile acids

As regards its organic contents the gallbladder can concentrate the hepatic bile entering its lumen tenfold. Fluctuation in the concentrating mechanism thus can vary the contents of for example bile acids in the gallbladder by a factor of ten. A pooling of bile acids in the gallbladder will decrease the rate of bile acids circulating enterohepatically whereas a mobilization of bile acids from the gallbladder will increase this rate. The absorptive state in the gallbladder will heavily influence the localization of the pool of bile acids, and thereby bile acid secretion from the liver. This is of pathophysiological interest since it has been shown both in man and mammals that the degree of cholesterol saturation of hepatic bile is inversely related to the rate of bile acid secretion (Scherstén et al 1971, Wheeler and King 1972). A reduction of the net water absorption in the gallbladder by the influence of for example secretin or VIP decreases the possibility for the gallbladder to pool bile acids. This means that a greater fraction of the bile acid pool circulates enterohepatically maintaining a higher biliary bile acid generation rate which in turn counteracts the tendency for cholesterol saturation.

### Secretion in the gallbladder

The present studies are the first to demonstrate that the gallbladder containing its normal contents *in vivo* possesses the ability to secrete water and electrolytes into its lumen. Attention to this function of the gallbladder has been drawn by Wood et al. (1977). Schafer et al. (1969) reported from *in vivo* experiments in dogs that crude *Vibrio Cholerae* extracts introduced into a saline solution in the gallbladder lumen reversed the net water transport from an absorption to a secretion. More recently secretin, VIP, prostaglandins and cholera toxin have been shown to induce a secretion in the isolated guinea pig gall bladder (Morton et al. 1977; Heintze et al. 1976; Savarymuttu et al. 1977).

A VIP induced secretion and thereby a dilution of the gallbladder contents might be of importance for an efficient evacuation of the gallbladder contents after a meal. It might also be of importance for the elimination of precipitation nuclei for cholesterol in the gallbladder lumen.

### VIP and the WDHA-syndrome

Raised plasma levels of VIP have been found in patients with the WDHA-syndrome and it has been suggested that VIP is a mediator substance in this syndrome (Saïd et al. 1976; Morton et al. 1977). Beside the classical symptoms: watery diarrhoea, hypokalaemia and achlorhydria this syndrome often includes a large atonic gallbladder containing dilute bile with raised concentrations of chloride and bicarbonate ions (Zollinger et al. 1968). The result of the present experimental studies in the cat demonstrates a relaxation of the gallbladder and a net water secretion into its lumen in response to VIP (III). These findings and the pattern of electrolyte secretion into the gallbladder lumen well agree with the supposed function of the gallbladder in the WDHA-syndrome. This further corroborates the suggestion that VIP may be a mediator substance in this clinical syndrome.

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ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 457

Morphological and functional  
characteristics of the ageing  
skeletal muscle in man  
*A cross-sectional study*

By  
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STOCKHOLM 1978





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SUPPLEMENTUM 457

*From the Department of Physiology Karolinska Institute, Stockholm, Sweden*

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The present thesis is based on the following papers which will be referred to in the text by their Roman numerals. In addition some hitherto unpublished results will be presented.

- I     Larsson L., B. Sjödin and J. Karlsson. Histochemical and biochemical changes in human skeletal muscle with age in sedentary males age 22-65 years. *Acta physiol. scand.* 1978 103 31-39
- II    Örlander J., K.-H. Kieselring, L. Larsson, J. Karlsson and A. Arimsson. Skeletal muscle metabolism and ultrastructure in relation to age in sedentary men. *Acta physiol. scand.* 1978. In press
- III   Larsson L., G. Grinby and J. Karlsson. Muscle strength and speed of contraction in relation to age and muscle morphology. *J. Appl. Physiol.* Accepted for publication
- IV    Larsson L. and J. Karlsson. Isometric and dynamic endurance as a function of age and skeletal muscle characteristics. *Acta physiol. scand.* 1978. In press
- V     Larsson L., J. H. T. Viitasalo and P. V. Komi. Changes in reflex time and EMG signal characteristics in the ageing quadriceps muscle. *Acta physiol. scand.* 1978. Accepted for publication

This paper is a part of a collaboration between two  
will also be a part in J. Örlander's thesis

## INTRODUCTION

During ageing changes take place in all organs although the time courses of these changes is usually different for different organs or functional systems. The atrophy of skin and muscles together with slowness and impairment of movements are probably the most striking features of old age. The decline in strength and fine co-ordination and the increase in reaction time during ageing begin to manifest themselves during man's so called active period of life (Ulfand 1933 Birren 1952 Burke *et al.* 1953 Asmussen and Hoesbøll-Hielsen 1961). Sporadic scientific interest has been focused on these alterations since Quételet's (1836) pioneering study more than a century ago demonstrating a decline in maximum strength with age from approximately 25 years of age. A better maintenance in maximum strength with increasing age has been reported in more recent studies i.e. maximum strength showed a small or non-existent decline from the twenties to the forties and then an accelerated decline with increasing age (Rejs 1971 Collumbe *et al.* 1950 Shephard 1969) Simonson (1964) assumed that this was due to the improvement of living conditions in general and suggested that further improvement might delay the process of ageing even more.

The major causes of the decline in motor performance in old age appear to be changes in the neuromuscular system, especially muscle atrophy even if other mechanisms have also been suggested to be responsible for this decline such as skeletal disorders (e.g. osteoarthritis) altered psychophysiological behaviour etc. (Gutsmann and Hanzlíková 1972).

The atrophy seen in senile muscle has been suggested based on animal studies to represent a specific type of muscle atrophy although in many ways resembling the atrophy seen after denervation (Gutsmann *et al.* 1971). For instance; muscle fibre atrophy decreased number of muscle fibres proliferation of the T-tubular and sarcoplasmic reticulum systems increased number of nuclei increased DNA concentration, and similar metabolic profiles have been reported in both the senile and denervated muscle (Gutsmann and Hanzlíková 1966 1972/73). Alterations in the end-plate structures have also been reported in muscle resembling the picture seen in early stages of denervation (number of synaptic vesicles accumulation and agglutination of end-plates) (Gutsmann and Hanzlíková 1972). However there is no electrophysiological denervation in the old muscle and there is a decrease in the fibres before there is a decrease in the number of nerve (1971).

It seems reasonable to assume that muscle atrophy especially reflects an altered

and Hamäläsvä (1972) proposed that the senile muscle atrophy combines features of both a decline in nerve-impulse activity related to progressive disuse and a specific long-term neurotrophic disturbance resembling denervation in some functional aspects ( functional denervation ) which act relatively independently. This emphasizes the importance of both exogenous (environmental) and endogenous (genetic) factors for ageing processes in the neuromuscular system.

Motor functions are known to be especially affected by environmental factors such as nutrition and physical activity. Both cachexia and disuse cause muscle wasting with selective atrophy of type II (fast twitch) muscle fibres, a type of muscle wasting also reported in old age (Engel 1970, Tommenga 1977).

Increasing attention has been focused on endogenous changes of RNA and RFA in cells of ageing organisms which might affect the life span of the cells. The changes seen in protein metabolism in old age have been suggested to be due to decreased RNA concentration and a disturbance of the transcription or translation process (Drobota and Gutmann 1961, Gutmann and Hamäläsvä 1972). However, in this field there are many unanswered questions as well as conflicting opinions and at this stage it can only be speculated upon whether the decline in muscular performance during ageing is mediated via a gene-directed process.

Most of the results discussed above concerning senile muscle atrophy are based on animal studies. However, human muscle fibre types differ in many respects from those of cat and rat (Burke and Edgerton 1975) and this must be taken into account when comparing the information available from animal and human studies.

The aims of the present investigations were to study basic characteristics morphological and functional of skeletal muscle in man at different ages. An attempt was also made to correlate alterations in functional characteristics with the observed changes in muscle morphology.

#### SUBJECTS

For study I and II muscle samples were taken from 55 healthy males 22-65 years of age who volunteered for the studies. These men were all white-collar workers and were employees of the same insurance company. Most of them were included in studies III (n = 51), IV (n = 50) and a smaller number in study V (n = 15). In study III a group of 29 10-19-year-old boys was also included. All these volunteers 10-65 years of age had a low level of physical activity, i.e. they belonged to group I-II according to Saltin and Grimby's classification (1968) of occupational and spare time physical activity. Study III also included a 70-year-

old group randomly selected from the population of Gothenburg (Rinder *et al.* 1975) which had a heterogeneous physical activity background as they represented a random sample. In study II 6 high school students aged 16-18 and 7 pensioners aged 66-76 were included. The subjects in both these groups had various physical activity backgrounds. Each subject was informed about the procedure and risks involved in the experiments before he agreed to participate and was further told that he was free to leave the study at any time.

## METHODS

### Anthropometric measurements (I-V)

Measurements of height, body weight, skeletal width, skinfold thickness and thigh circumference were obtained for each subject. The skeletal measurements obtained were the bistyloid radioulnar and femoral condylar width. Skinfolds were measured at two locations: at the knee (just above patella) and at the abdomen (at one third of the distance from the umbilicus to the spina iliaca anterior superior). From these values body fat weight, skeletal weight and fat free soft tissue weight (FFS) were calculated (von Döbeln 1964). The circumference of the thigh was taken in a horizontal plane just under the gluteal furrow.

Height and body weight in the 20-29-, 30-39- to the 70-year-old group were compared with the corresponding age groups of a larger ( $n = 749$ ) Swedish male population examined in these respects (Levin personal communication). Except for the 50-59-year-old group where height was found to be higher ( $p < 0.05$ ) in the present subjects, no significant differences were seen between the corresponding age groups.

### Muscle biopsies

Muscle biopsy samples were taken from the middle portion of the resting quadriceps femoris muscle (i.e. vastus lateralis) using the needle biopsy technique (Bergström 1962). The vastus lateralis muscle is a major contributor to the force generated during knee extensions (see Thorstensson 1976) and is located at a site convenient for muscle biopsy sampling. The choice of the quadriceps muscle had an additional advantage because it has been shown that ageing processes such as decline in maximum strength and muscle atrophy occur relatively early in this muscle (Charles 1964, Szusterman *et al.* 1968, Tomlinson *et al.* 1969).

### Histochemical methods (I-V)

The muscle samples for fibre typing and area determination were trimmed, mounted in an embedding medium (Arca TM O.C.T. compound) frozen in liquid-nitrogen-cooled-isopentane and stored at  $-80^{\circ}\text{C}$  until analysis

The myofibrillar ATPase method (Gomori 1941 Padykula and Hansen 1955) was used for muscle fibre classification. The reactions were carried out at pH 9.4 following alkaline preincubation (pH 10.3). By this procedure fibre classification can be made into type I (slow twitch) and type II (fast twitch) (Egell 1962). The type II fibres were subclassified into type IIA, IIB and IIC using preincubations at pH 10.3, 4.6 and 4.3 (Brooke and Kaiser 1970 Dubowitz and Brooke 1973). The number of fibres of each fibre type was counted from a photomicrograph of the stained cross-sections and the relative proportion (per cent) of type I and II (A, B, C) fibres was determined. The methodological error (coefficient of variance) of fibre type distribution (per cent) determinations has been reported as approximately 5-10% (Piehl 1974 Thorstensen 1976).

The average cross-sectional areas of the main fibre types (type I and II) were determined from serial cross-sections of each biopsy. The fibres were identified from the ATPase staining while the areas were determined from the NADH tetrazolium reductase staining (Novikoff *et al.* 1961) in order to avoid shrinkage and mechanical artifacts caused by dehydration and rinsing.

In study I the fibre areas were determined according to the method described by Thorstensen (1976). A photomicrograph of a NADH-stained section was made then selecting an area where the cut appeared to be well oriented at right angles to the long axis of the fibres. Areas representing the cross-sections of the ten largest fibres of each type were cut out from the photopaper, pooled and weighed. By weighing the photopaper with known area an averaged area could be calculated for each fibre type. The type II/I fibre area ratio together with muscle fibre type distribution were used in the computation of relative muscle fibre area (Gollnick *et al.* 1972). Determinations on biopsies obtained from the same muscle on two different occasions were found to have a coefficient of variance of 16-17% for the absolute areas of type I and type II fibres and 9% for the type II/I fibre area ratio (Thorstensen 1976). The wide variation in absolute values were suggested to be due to difference in the degree of contraction caused by the sampling procedure.

Estimates of fibre areas obtained with the method described above is likely to be higher than the average fibre area as only the ten largest cross-sections are measured. Measurement of all fibres disregarding size may give too low an estimate if some cross-sections are small due to their being



from e.g. narrowing ends of fibres. However measurement of all fibres should give an estimate with higher precision (as it is calculated from more observations) which in many cases is more important than the degree of bias. For this reason cross-sectional areas were also calculated from the lesser fibre diameter assuming each fibre to have a circular cross-section of diameter equal to the lesser fibre diameter (Dubowitz and Brooke 1973). This allows a larger number of muscle fibre areas to be measured per biopsy and using this method an average of  $200 \pm 11$  fibre diameters were measured per subject. The values obtained according to Thorstensson (1976) were on average  $2.11 \pm 0.07$  times higher than those obtained from the "lesser fibre diameter" method but the values correlated significantly ( $r = 0.70-0.80$ ;  $p < 0.001$ ). The higher precision of estimates calculated from the "lesser fibre diameter" method is indicated by the fact that they correlated better with e.g. age and strength (III-IV) than estimates calculated according to Thorstensson (1976).

#### Biochemical methods (I-IV)

Muscle biopsies for enzyme activity analyses were quickly frozen in liquid nitrogen and stored in a freezer at  $-80^{\circ}\text{C}$  for subsequent analyses. The muscle samples were weighed in a cryostat (see Karlsson 1971) and homogenized by sonification and then diluted. The activities of  $\text{Mg}^{2+}$  stimulated ATPase (E.C. 3.6.1.4) myokinase (MK) (E.C. 2.7.4.3) and lactate dehydrogenase (LDH) (E.C. 1.1.1.27) were determined by fluorometric assays using NAD-NADP coupled reactions according to Lowry and Passonneau (1972) (I-IV). LDH activities were determined both for the oxidation of lactate and the reduction of pyruvate. The LDH isoenzyme pattern was determined with an electrophoretic method according to Dietz and Lubrano (1967) and was quantified by means of densitometric scanning (Penney *et al.* 1974 and sodium Björdin 1976).

In study II the muscle samples were homogenized in a Potter-Elvehjem glass homogenizer and assays were performed on the day of biopsy. The activities of phosphofructokinase (PFK) (E.C. 2.7.1.11), LDH, 3-hydroxyacyl-CoA dehydrogenase (HAD) (E.C. 1.1.1.35), citrate synthase (CS) (E.C. 4.1.3.7) and cytochrome oxidase (cytox) (E.C. 1.9.3.1) were determined. PFK activity was determined by the method of Shonk and Bozer (1964), LDH and HAD according to Bass *et al.* (1969), CS as described by Spore (1969) and cytox according to Wheat *et al.* (1969). Muscle protein content was determined with the Folin reaction as modified by Lowry *et al.* (1951).

## Strength Measurements

Maximum isometric and dynamic strengths were measured in the left knee-extensor muscles using an isokinetic dynamometer (Cybex II Lumex Inc. New York). The subjects were seated in an adjustable chair with support for the back, shoulders and hips. The hip angle was fixed at  $\pi/2$  rad (90 degrees) and the lower leg moved the lever of the dynamometer. The lever was kept at a constant length and attached to the tibia. The centre of the dynamometer's axis of rotation was aligned with the anatomical axis of rotation i.e. the knee joint. The angular velocity was controlled at a pre-set level by an internal resistance which accommodates to the muscular force applied (Hislop and Perrine 1967, Thistle *et al.* 1967, Perrine 1968). The angular movement of the knee joint was from  $0.55\pi$  to  $0$  rad (100 and  $0$  degrees i.e. full knee extension). Isometric strength was measured at selected knee angles ( $\pi/6$ ,  $\pi/3$  and  $\pi/2$  rad or 30, 60 and 90 degrees) whereas the dynamic strength was recorded over the whole range of motion at different angular velocities. The velocities studied were  $\pi/6$ ,  $\pi/3$ ,  $2\pi/3$  and  $\pi$  rad  $s^{-1}$  (30, 60, 120 and 180 degrees  $s^{-1}$ ). Two attempts were allowed at each velocity or knee angle and the highest value was noted. The produced torque was calculated as the force times the length of the lever and unit given is Nm. The measurements were made in sequence from slow to fast speeds with 30 s recovery between each contraction. The following sequence was used:  $\pi/6$  rad  $s^{-1}$ ,  $\pi/6$  rad,  $\pi/3$  rad  $s^{-1}$ ,  $\pi/3$  rad,  $2\pi/3$  rad  $s^{-1}$ ,  $\pi/2$  rad, and  $\pi$  rad  $s^{-1}$ . High precision and accuracy for the torque registrations have earlier been reported (Moffroid *et al.* 1969, Thorstensson *et al.* 1976). The influence of muscular fatigue due to the testing procedure may be considered to be negligible according to Thorstensson (1976).

Muscular endurance was assessed in both isometric and dynamic terms. Maximum isometric strength (MIS) and isometric endurance respectively were determined for both legs simultaneously (Karlsson and Ollander 1972) by recording the force exerted when the subjects pressed their feet against a stiff bar equipped with a force transducer. MIS was taken as the highest force value obtained during a series of five contractions. After three minutes rest, isometric endurance time was recorded, measured as the maximum time during which a tension level of 50% of MIS could be maintained.

Dynamic endurance was measured as the ability to maintain tension output during repeated maximal dynamic contractions performed on the isokinetic dynamometer. The angular velocity was pre-set at  $\pi$  rad  $s^{-1}$  (180 degrees  $s^{-1}$ ) with the subject seated as described above. Dynamic endurance was calculated from

measuring 50 maximal contractions and determining the absolute (%) or relative (%) decline in peak torque from the mean of the three initial contractions to the mean of the three final contractions i.e. subjects with a low force decline had a high dynamic endurance and vice versa. The methodological error (coefficient of variation) for this measurement has been reported to be 3.2% (Thorstensson and Karlsson 1976)

Maximum knee extension velocity (MEV) was assessed by means of a much lighter level compared to that used for strength measurements. Sitting in the same experimental chair used for strength measurements the subjects were instructed to extend the leg as quickly as possible starting from a knee angle of  $\pi/2$  rad (90 degrees). The subjects performed five test extensions to become familiar with the apparatus and the procedure. Then they made five subsequent extensions with a 20 s rest between each. The time required to extend from 0.42 to 0.08  $\pi$  rad (75 to 15 degrees) was measured and the highest angular velocity attained during the five trials was used as a value for MEV. The coefficient of variation for MEV measurements has been reported to be 5.2% (Thorstensson 1976)

#### EMG recordings

The electrical activity of m. rectus femoris was picked up using surface electrodes (E & M Instruments Co.) during isometric endurance tests (maximum performance time at 50% MVE). The electrodes were placed near the middle on a line from spina iliaca anterior superior to the patella. The EMG signals were amplified with a Tektronix RM 122 low-level preamplifier and subsequently stored in analogue form on a Philips Analog 7 tape recorder. The recording speed was 380 mm s<sup>-1</sup>. The EMG signals were analysed for their mean power frequency (MPF) according to Bessy *et al.* (1970) and relative portions of selected bandwidths (24-48 Hz, 56-96 Hz, 104-136 Hz and 144-400 Hz) as described earlier (e.g. Viitasalo and Komi 1975, Komi and Viitasalo 1976)

#### Patellar reflex measurements

The patellar reflex time was recorded with a set-up (Komi *et al.* 1973) in principle similar to the one described by Tipton and Karpovich (1966). The subject was sitting in an experimental chair with  $\pi/2$  rad (90 degrees) knee and hip angle. The quadriceps tendon was tapped by an electrical hammer with adjustable arm length. The force impact on the ligamentum patellae was maintained constant by allowing the hammer to move through an area of  $\pi/2$  rad (90 degrees) and using a constant hammer arm length (40 cm). On contact with the tendon a

switch was closed on the hammer producing an electrical signal. Another signal was obtained at the moment the foot started to move forwards by means of a microswitch located at the heel. The electrical activity of a rectus femoris was picked up using surface electrodes located at the same position as during the EMG recordings (see above).

Signals from the switches on the hammer and behind the heel were stored together with the EMG signals on magnetic tape (Philips Analog 7) using a recording speed of  $380 \text{ mm} \times \text{s}^{-1}$ . The tape was played back at  $24 \text{ mm} \times \text{s}^{-1}$  and the signals were displayed on a graph recorder. The time from the hammer's contact with the quadriceps tendon to the beginning of the heel movement was defined as total reflex time (TRT). This was further divided into reflex latency (LAT): the time from the tendon was tapped to the first discernible EMG signal; and reflex motor time (MT): the time from the first EMG signal to the beginning of leg movement.

A high precision was found in the patellar reflex time measurements i.e. the variation from five subsequent observations on each subject revealed a small variation in measuring the components of the patellar reflex time (S.D. = 0.4-6.5) compared with the variation between subjects (S.D. = 1.5-43.5).

#### Statistical methods

Arithmetic means, standard error of the means (S.E.) and linear correlation

( $r$ ) were calculated from individual values according to Snedecor

and Cochran (1967). One way analysis of variance was used to test differences between the age groups (Scheffe's method see Snedecor and Cochran 1967).

In order to compare changes with age in isometric strength, dynamic strength and MEV, curvilinear regressions were applied to individual data.

Thus (1)  $\text{Strength} = a + b_1x + b_2x^2 + \dots + b_nx^n$  where  $a$  and  $b$  are constants and  $x$  is the age of the individual. From this it was found that (2)  $\text{strength} = a + b_1x + b_2x^2 + b_3x^3$  made a good fit and made comparisons possible between the different variables studied.

Stepwise linear multiple regression analysis was applied according to Rie *et al.* (1975) with strength and MEV as dependent variables and anthropometric and histochemical data together with subject's age as independent variables. In each step the variable added to the equation was the one that made the greatest reduction in estimated residual variance. The last step (= equation) given in Results is the step with minimum residual variance.

To evaluate the dependence of strength and MEV on the histochemical data compared with the dependence on age, a hierarchical model was applied. The

independent variables were then entered in an order specified by the investigators. In a, the histochemical variables were entered first in the equation and in the last step age was entered. The specific order of the histochemical variables were determined from stepwise multiple regression analyses where age was excluded.

## RESULTS AND COMMENTS

### Muscle biopsy findings

Histochemical characteristics (I-III-IV) Fibre type distribution data for the 55 subjects 22 to 65 years of age displayed a linear decrease ( $r = -0.45$ ;  $p = 0.001$ ) in the proportion of type II fibres with increasing age. Thus the relative proportion of type II fibres was  $59 \pm 4\%$  in the 20-29-year-old group compared with  $45 \pm 4\%$  in the 60-65-year-old group. No significant differences with age in fibre type distribution within the type II fibre population were observed (Table I).

In study I the average cross-sectional area of type II fibres was observed to decrease ( $r = -0.36$ ;  $p < 0.01$ ) with age while no significant linear change was seen in type I fibre area resulting in a decreased ( $r = -0.33$ ;  $p < 0.02$ ) type II/I fibre area ratio from  $1.24 \pm 0.05$  (20-29 yrs) to  $0.96 \pm 0.05$  (60-65 yrs). Consequently the relative type II fibre area decreased ( $r = -0.55$ ;  $p = 0.001$ ) from  $64 \pm 4\%$  (20-29 yrs) to  $44 \pm 4\%$  (60-65 yrs).

In study III and IV the fibre areas were determined according to the "lesser fibre diameter" method. By this method compared with the method used in study I smaller average fibre areas were found. However similar age-

Table I. Distribution of fibre types within the type II fibre population.

Age group (yrs)	n	% of type II fibres		
		IIA	IIB	IIC
20-29	7	$59 \pm 2$	$35 \pm 3$	$6 \pm 1$
30-39	11	$61 \pm 4$	$34 \pm 3$	$5 \pm 2$
40-49	7	$70 \pm 7$	$27 \pm 7$	$3 \pm 1$
50-59	9	$60 \pm 6$	$37 \pm 5$	$3 \pm 1$
60-65	7	$62 \pm 7$	$32 \pm 8$	$6 \pm 2$

Table II Fibre areas and fibre area ratios of the different age groups according to "lesser fibre diameter" method.

Age group (yrs)	Average age (yrs)	n	Type I area ( $100 \times \mu\text{m}^2$ )	Type II area ( $100 \times \mu\text{m}^2$ )	Area ratio Type II/I
20-29	26	11	$29.5 \pm 2.5$	$36.6 \pm 2.2$	$1.28 \pm 0.07$
30-39	36	12	$29.2 \pm 1.5$	$36.7 \pm 2.9$	$1.27 \pm 0.09$
40-49	43	10	$31.9 \pm 1.9$	$32.6 \pm 2.4$	$1.03 \pm 0.06$
50-59	55	12	$28.8 \pm 1.6$	$28.0 \pm 1.2$	$0.99 \pm 0.05$
60-65	62	10	$22.6 \pm 2.4$	$21.2 \pm 1.7$	$0.99 \pm 0.09$

trends were seen when using the "lesser fibre diameter" method (Table II). i.e. the type II fibre area declined with age ( $r = -0.60$ ;  $p < 0.001$ ) as did type II/I fibre area ratio ( $r = -0.47$ ;  $p = 0.001$ ) whereas no statistically significant linear change was seen in the type I fibre area. The stronger correlations with age using the "lesser fibre diameter" method, compared with the method used in study I probably reflects the higher precision of this method as argued in the method section. The distribution of the fibre diameters for the 20-29- and 60-65-year-old groups is shown in Fig. 1 demonstrating a displacement to smaller diameters of the type II fibres in the oldest age group while almost no difference was seen in the distribution pattern of type I fibre diameters.

Comments So far no systematic studies on skeletal muscle histochemistry in healthy men 20 to 65 years of age are available. Studies by Gollnick *et al.* (1972) Klesaling *et al.* (1974) and Saltin *et al.* (1976) showed fibre type distribution data in untrained young and middle-aged men which compare well to the present data (Fig. 2). Hedberg and Jansson (1976) reported an average of 46 per cent type II fibres in 69 16-year-old boys. Their subjects were however of a heterogeneous physical activity background, not in the same age-span and differing in physical activity level and so are not comparable with the subjects presented here. Ångquist (1978) commented a decreased incidence of type II fibres with age (43-69 yrs  $n = 20$ ) in *m. tibialis anterior* in the asymptomatic as well as asymptomatic leg in patients with unilateral intermittent claudication supporting the findings seen here.

Type II fibres larger than type I fibres have been shown in young physically untrained males (Gollnick *et al.* 1972; Saltin *et al.* 1976). The present data are in agreement with this. Bass *et al.* (1975) showed an atrophy

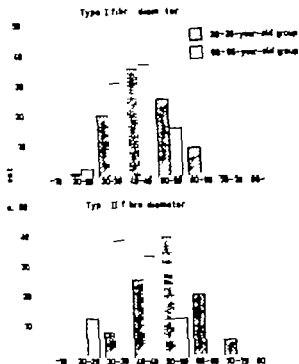


Fig. 1 The percentage distribution of muscle fibre diameters of both fibre types in the 20-29- and 60-69-year-old groups. Arbitrary units are used for muscle fibre diameters.

of the type II fibres in the senile rat muscle (a. ext. dig. long.) whereas no change was seen in type I fibre area. In a recently published study on human subjects (79 patients age 60-90 yrs) similar changes were observed demonstrating a linear decrease ( $p < 0.01$ ) of the type II/I fibre diameter ratio with age from approximately 1.0 (60-70 yrs) to 0.6 (80-90 yrs) (Tommeys 1977) Andersson *et al.*

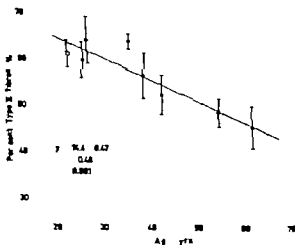


Fig. 2 Per cent type II fibres versus age. Mean values  $\pm$  S.E. are shown along with the regression line. Regression line is calculated from individual values. Data from Gollnick *et al.* (1972, O), Kieselring *et al.* (1974, Δ), Saltin *et al.* (1974, □) are also plotted.

(1978) reported a type II/I fibre diameter ratio corresponding to 0.95 in the quadriceps muscle of 70-year-old men (fibre area ratio 0.91). The present data when expressed as type II/I fibre diameter ratio demonstrating a decrease from 1.13 (20-29 yrs) to 0.99 (60-65 yrs) are in good agreement with these findings.

**Biochemical characteristics (I-III)** Only small changes were seen with increasing age (20-65 yrs) in the different muscle enzyme activities studied (HAD, PFK, LDH, CS, cytoch, HK and  $Mg^{2+}$  stimulated ATPase). However, HAD activity increased slightly ( $r = 0.28$ ;  $p < 0.05$ ) with age and tendencies to increased CS and cytoch activities were seen. A shift in LDH isoenzyme pattern was observed with age towards a decrease in per cent muscle-specific isoenzymes (H-LDH) ( $r = -0.39$ ;  $p < 0.01$ ). This took place by means of a decrease ( $r = -0.37$ ;  $p < 0.01$ ) in M-LDH activity with age while no change was seen in heart-specific isoenzyme activities. M-LDH, HAD, CS and cytoch correlated significantly ( $r = 0.34-0.39$ ;  $p < 0.01$ ) with per cent type II fibres, demonstrating an increased M-LDH activity and a decreased HAD, CS and cytoch activity with an increasing proportion of type II fibres.

**Comments:** The increased HAD activity with age and the similar trends for CS and cytoch indicate a tendency towards increased oxidative capacity in old muscle. This is further supported by the decreased activity of the anaerobic M-LDH while the "aerobic" H-LDH was unaltered or slightly increased with age. A similar age-change in the proportion of LDH isoenzymes has been observed in the rat heart muscle (Karanjoo and Singh 1965). The most plausible explanation to the alterations in enzyme activities with age is the parallel increase in per cent type I fibres since type I fibres have a greater oxidative potential than type II (e.g. Esbén *et al.* 1975).

The tendencies towards increased activities of oxidative enzymes with age were not, however, accompanied by a corresponding increase in mitochondrial volume. On the contrary, the mitochondrial volume decreased with age (II). This indicates an increased oxidative capacity per unit mitochondrial volume which might be achieved by an increase in the respiratory assemblies on the inner mitochondrial membranes (cf. Kiessling *et al.* 1974, 1975).

#### Muscular performance

**Maximum isometric and dynamic strengths (III)** Isometric and dynamic strengths (at all velocities studied) increased steeply from the 10-14- to the 20-29-year-old group, remained unchanged to the 40-49-year-old group and then decreased with increasing age (10-69 yrs,  $n = 89$ ). The decline in strength in old age was not, however, accompanied by any measurable external changes in muscle mass (i.e. thigh circumference). According to curve fittings, isometric and dynamic



strengths reached their peak values in the same ages. This was also true when strength was expressed per kg body weight or FFS. High correlations ( $r = 0.86-0.89$ ,  $n = 89$ ) were found between isometric strength and dynamic strengths as well as between dynamic strengths at different speeds of contraction ( $r = 0.86-0.95$ ,  $n = 89$ ).

Significant linear correlations ( $r = 0.44-0.54$ ;  $p < 0.01-0.001$ ) were found between strength isometric as well as dynamic and type II fibre area. Weaker although statistically significant correlations were seen between strength and type I fibre area ( $r = 0.28-0.39$ ;  $p < 0.05-0.01$ ).

Comments: In order to study the influence of muscle fibre area on strength compared with other age factors multifactor analyses were applied. When the influence of type II fibre area on strength was controlled age still had a significant partial correlation with the strength decline in old age. This seems to suggest that other factors together with muscle fibre atrophy are responsible for the age-related strength decline.

Maximum knee extension velocity (MEV) (III). MEV followed an age-pattern similar to that found for strength with age although the changes in MEV with age were less pronounced. The mean values for strengths increased by 120-140% between the 10-14- and the 20-29-year-old groups and the values for the 60-69-year-old group were 26-38% below the mean values found for the 20-29-year-old group. The corresponding values for MEV were +13 and -7% respectively.

Per cent type IIB fibres was the only histochemical variable found to correlate significantly to MEV in simple as well as multiple regression analysis.

Isometric and dynamic endurance and EMG (IV-V). Neither isometric nor dynamic endurance changed significantly with age although a slight increase was seen. Both isometric and dynamic endurance were measured in relation to maximum strength thereby compensating for individual and age differences in strength. However absolute maximum strength decreased with age indicating a reduced isometric and dynamic endurance capacity when expressed in absolute terms (Fig. 3).

Isometric endurance correlated poorly with the muscle fibre characteristics studied. Examination of the individual EMG frequency spectrum bandwidths during sustained isometric contractions showed that the proportion of the lowest bandwidth (24-48 Hz) increased more in the youngest age group (25-30 yrs,  $n = 4$ ) compared with the older groups (40-45 yrs,  $n = 6$  and 60-65 yrs,  $n = 5$ ) ( $p < 0.05-0.01$ ). This relation was also seen in regression analyses ( $r = -0.66$ ;  $p < 0.01$ ). The increase in the lowest bandwidth also correlated to the

## DYNAMIC AND ISOMETRIC MUSCLE ENDURANCE

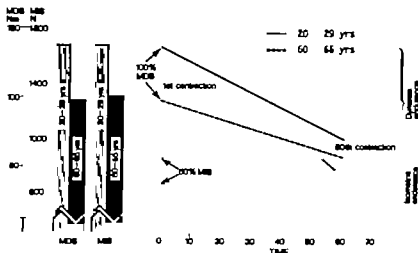


Fig 3 Maximum dynamic (MDS) and isometric strength (MIS) are shown for the 20-29- and 60-65-year-old groups. Dynamic endurance measured as the ability to perform 50 repetitive maximal dynamic contractions and isometric endurance measured as the maximum time during which tension level of 50% MIS could be maintained are also shown for both age groups.

relative cross-sectional area of type II fibres ( $r = 0.73$ ;  $p < 0.01$ )

The absolute (N) and relative (%) force decline during 50 repetitive dynamic contractions were used as an expression for dynamic endurance i.e. subjects with low force decline had a high dynamic endurance and *vice versa*. The absolute force decline increased with increasing relative type II fibre area and increasing M-LDH activity ( $r = 0.34-0.51$ ;  $p = 0.05-0.01$ ). The relative force decline increased with an increasing proportion of type II fibres as well as an increasing relative type II fibre area ( $r = 0.38-0.44$ ;  $p < 0.05-0.01$ ). Both the absolute and relative force decline decreased with an increasing cytochrome activity ( $r = -0.45$  to  $-0.46$ ;  $p < 0.01$ ).

**Patellar reflex measurements (V)** The motor time component (MT) of the patellar reflex was found to be longer ( $p < 0.05$ ) in the 60-65-year-old group ( $n = 5$ ) compared with the 25-30- ( $n = 4$ ) and the 40-50-year-old group ( $n = 6$ ) according to one way analysis of variance. This was also true when motor time was related to age in linear regression analysis ( $r = 0.61$ ;  $p = 0.02$ ). The reflex latency (LAT) did not, on the other hand, differ significantly between the groups although a slightly lower value was seen in the youngest group. Consequently the total reflex time (TRT) showed an increase with age ( $r = 0.60$ ;  $p < 0.02$ ).

The LAT tended to increase with increasing upper leg length ( $r = 0.50$ ;  $p < 0.1$ ). To compensate for anatomical variations between subjects a crude estimate of "nerve conduction velocity" was obtained by dividing LAT by 1.5 upper leg length. The nerve conduction velocity calculated was found to decrease with increasing age ( $r = -0.56$ ;  $p < 0.05$ ) demonstrating a 10% decrease in absolute figures between the 25-30- and the 60-65-year-old group. A significant correlation ( $r = 0.59$ ;  $p < 0.05$ ) was seen between per cent type II fibres and nerve conduction velocity.

Comments: The reduction in nerve conduction velocity observed here is in accordance with previous studies (Wegman and Lease 1952; Morris *et al.* 1953) who also found a 10% decline between 20-29 and 60-69 years of age. The correlation between per cent type II fibres and nerve conduction velocity indicates that the decline in per cent type II fibres with age is somehow related to the decline in nerve conduction velocity.

#### GENERAL DISCUSSION

Possible mechanisms underlying the alterations seen in muscle composition with age

The question regarding possible mechanisms underlying the alterations in muscle morphology observed with advancing age immediately arose. Because the total number of muscle fibres in the muscle at different ages is not known no conclusive answer to this question can be given. It seems reasonable however that one or more of the following factors might at least in part explain the altered muscle morphology with increasing age: 1) a systematic error in the sampling of subjects, 2) a transformation of type II fibres to type I caused by changing properties of the motoneurons or collateral sprouting, 3) an altered level of physical activity and 4) a slow denervation process and a progressive preferential loss of type II fibres. These factors may partly interact with each other and therefore no absolute dividing lines can be drawn between them.

1. Sampling errors Studies of ageing can be made either as a longitudinal or as a cross-sectional study. Neither of these approaches is free from sampling errors (cf. Bruzley 1971). In the present papers a cross-sectional design was chosen because it can be completed without waiting a considerable time for alterations to appear in the measured parameters and since it is obviously impractical to study a population group for sixty years by a longitudinal design. The main disadvantage of the cross-sectional method is that it can never be used to evaluate

age changes in single individuals since it is nearly impossible to get the subjects in the different age groups to be comparable in all respects except age. However, by the cross-sectional method an estimation of average age trends can be made despite the fact that the different observations will be relatively widely scattered. Particular effort was made to obtain subjects that were as homogenous as possible as regards physical activity i.e. they all had a low level of physical activity.

As pointed out above, fibre type distribution data as well as fibre area ratios correspond well with previous observations in animals and man, indicating that a systematic error in the sampling of subjects seems to be a less plausible reason for the age trends seen in muscle composition.

2. Transformation of muscle fibre types: An increase in the percentage of type I fibres has been observed during growth and maturation in animals as well as in man (Karpati and Engel 1967, Kugelberg 1976, Keens *et al.* 1978). This has been suggested to be due to a transformation of type II fibres to type I rather than degeneration of type II fibres, since the total number of muscle fibres increased and the diameter of the type II fibres increased until they were "transformed" (Karpati and Engel 1967). According to Kugelberg (1976), transformation being due to changing properties of the motoneurons i.e. from phasic to tonic.

Bass *et al.* (1975) have shown that there is a clear trend of differentiation of the biochemical and histochemical pattern during ageing indicated by signs of type grouping, a decreased total number of muscle fibres and muscle fibre atrophy. This was shown both in the fast (m. ext. dig. long.) and slow (m. soleus) rat muscle. These data are different from the progressive development during growth and maturation in respect to functional, biochemical and histochemical properties. The type grouping observed (Bass *et al.* 1975) was thought to be due to collateral sprouting caused by a progressive denervation-reinnervation process during ageing.

Type grouping has also been reported in human senile muscle (Tomonaga 1977). Tomonaga showed, however, that the type grouping was less pronounced in the proximal muscles of the lower extremity. An increased incidence of type IIC fibres has been reported during the denervation-reinnervation processes (cf. Jansson and Kaijser 1977). In the subjects presented here no pronounced type grouping was observed and the per cent type IIC fibres was unaltered with age. The denervation-reinnervation process via collateral sprouting therefore seems less plausible as being the only contributor to the histochemical findings presented here.

3 *Effect of physical activity and training* In the ageing muscle it is very difficult to distinguish between changes due to ageing per se and degenerative lesions due to impairment of cardiovascular or locomotor functions or to disease. The subjects in our studies were by their own account and after physical examination found to be without locomotory defects or cardiovascular diseases. The subjects from whose muscle biopsies were taken (20-65 yrs  $n = 55$ ) had an almost equal spare time and occupational physical activity level and were all in the "productive period" of their life. It cannot be ruled out however that the subjects had adapted to a more sedentary way of living with age. Irrespective of whether this adaptation is an endogenous or a sociological-ethnological phenomenon it must be regarded as a part of the overall ageing process in man with a significance for muscle tissue adaptation.

A preferential atrophy of type II muscle fibres has been reported after inactivity (Rogal 1970) suggesting that the muscle atrophy seen in old age might be related to progressive disease. If maximal efforts were performed less often in old age requiring less intense nerve impulse activity and less activation of the high threshold (phasic) motor units this might very likely result in a preferential atrophy of type II fibres.

A subsample of the present material (19 subjects age 22-65 yrs) took part in an intense muscular strength training program for 4 months (Larsson *et al.* to be published). When muscle biopsies were taken after the training period and compared with those obtained before the training it was observed that the reduction in type II fibre area in the old age subjects was no longer significant. This observation strengthens the likelihood that preferential type II fibre atrophy with increasing age might be related to a more sedentary way of living.

4 *Functional denervation and atrophy* Gutzman and Benzlisková (1972) stated that the morphological and metabolic characteristics of the senile muscle could not be solely explained by a reduced nerve impulse activity related to progressive disease in old age. This conclusion was based on the fact that the atrophy caused by disease does not result in a decreased number of muscle fibres and the ultrastructural as well as metabolic changes reported in both senile and denervated muscle (Gutzman and Benzlisková 1972). They therefore proposed that senile atrophy combines features of both disease and functional denervation - a specific long-term neurotrophic disturbance resembling denervation in some functional aspects. They also proposed that a distinction between "healthy" and dead motoneurons is an oversimplification and that "sick" motoneurons should be considered signifying a disturbance in neuromuscular contact. The senile motoneuron would

then serve as an important model for such a disturbance. According to McCoomes *et al.* (1971) sick motoneurons are characterized by an impaired neuromuscular transmission, an incapacity to innervate previously denervated muscle fibres via collateral sprouting and a slowing in impulse conduction velocity

Rees (1944) found that the calibre spectrum of the dorsal and ventral root fibres appeared to shift to smaller diameters at advanced ages which he interpreted to be due to a selective atrophy and degeneration of the largest and fastest conducting nerve fibres. These fibres mainly innervate the type II fibres (cf. Burke and Edgerton 1975). The selective degeneration of the fastest conducting nerve fibres has been suggested (cf. Sunderland 1968) to be one contributing factor to the decreased nerve conduction velocity during ageing (Wagman and Lasse 1952; Norris *et al.* 1953). In support of these findings Campbell *et al.* (1973) showed (electrophysiologically) a decreased number of functioning motor units in old age and that the remaining motor units tended to have relatively slow twitches.

It thus seems that the altered fibre type distribution seen with increasing age is at least due in part to a slow loss of  $\alpha$ -motoneurons innervating the type II fibres. However, it cannot be determined whether this is caused by an ageing process which preferentially involves the fast twitch units or whether it is the result of inactivity in the fast twitch units because of an altered physical activity pattern during ageing or both these.

## 1) Muscular performance

1. Muscular strength. In the pioneering study by Quetelet in 1836 isometric muscular strength was reported to decrease linearly with age from approximately 25 years. More recent studies have, however, shown an improved maintenance in muscular strength during ageing (Rejs 1921; Collumbine *et al.* 1952). In the study by Shephard (1969) North American subjects were found to reach peak isometric strength at 18 years of age, to maintain constant strength to 40-49 yrs and then gradually decline in strength performance. The present observations are in good agreement with these more recent data.

To the author's knowledge there is no published information concerning standardized measurements of dynamic strength and its relation to age. In parallel to the present study strength measurements have been obtained in physically active men: national competitive oarsmen and former national competitive oarsmen still physically active in rowing (18-45 yrs) (Larsson, unpublished observations). In these subjects no significant differences were seen in isometric or dynamic strength in the knee-extensor muscles with increasing age. This finding

this seems to be in line with those of the main study as well as the findings quoted above indicating that there is little if any loss of muscular strength, isometric as well as dynamic between 20 and 45 years of age.

Muscular strength is proportional to the active (total) area of the muscle which can be expressed as the total number of muscle fibres  $\times$  average fibre area  $\times$  per cent activated fibres. Hence strength should be related to the total cross-sectional area of the muscle but the correlation need not be absolute (cf. Astrand and Rodahl 1977).

A variety of data from the present investigation could be used to estimate the total muscle area of the muscle for different ages. Thigh circumference was measured for all subjects; this did not change with age. However this need not mean that the muscle area remains constant since it is known that there is a gradual replacement of muscle tissue by connective tissue and fat with advancing age as well as an increase in subcutaneous fat (Frentzell and Ingelmark 1951, Allen *et al.* 1960). According to data from Högberg *et al.* (1978) based on computerized tomography the histochemical variable which most closely correlates with muscle cross-sectional area is the average fibre area ( $\frac{1}{2}$  type I  $\times$  type I area +  $\frac{1}{2}$  type II  $\times$  type II area). This variable was computed for the subjects and was found to decrease with age. A significant correlation between strength and mean fibre area was found ( $r = 0.40-0.53$ ). An equally strong correlation between strength and type II fibre area was also found ( $r = 0.43-0.54$ ). This is not surprising since type I fibre area did not change with age.

Can the decrease in strength with age be explained by type II fibre atrophy alone? Cursory inspection of the data suggests that this is a possibility. The mean value for strength decreased by 26-38% from the 20-29- to the 60-65-year-old group (isometric and dynamic strength at the highest velocity studied respectively) whereas mean type II fibre area decreased by 42%. These figures may however be deceptive because there were relatively few subjects in each age group and there was considerable scatter of the values. Secondly in multiple regression analysis it was found that when the independent influence of type II fibre area on strength was eliminated age still had a significant negative partial correlation with strength suggesting that other factors might contribute to the decline in strength.

The apparent discrepancy between the extent of strength decline and decrease in type II fibre area might be explained by the motor unit recruitment pattern.

Ikei *et al.* (1967) found a 30% increase in force during electrical stimulation of muscle compared to the force exerted during maximal voluntary contractions indicating an inability to recruit all motor units under

conditions. According to Secher *et al.* (1978) there is reason to believe that this phenomenon is especially pronounced in physically untrained subjects.

Type II muscle fibres are known to be contained in motor units with high activation thresholds and type I muscle fibres in motor units with low activation thresholds, representing a continuum of thresholds within each fibre type population (Burke 1968, Engel 1970, Close 1972, Gollnick *et al.* 1974). It seems reasonable to suggest that some of the high threshold motor units were never recruited in the type of maximal voluntary efforts studied here, neither by the younger nor by the older subjects. If this is true, the type II fibre atrophy seen in old age need not reflect a concomitant decline in the active cross-sectional area of the muscle.

A subsample of the present material (22-65 yrs,  $n = 19$ ) was involved in an intense muscular strength training program twice a week for four months (Larsson *et al.* to be published). Similar trends in muscle characteristics (morphological and functional) with age were present in the subsample, i.e. there was significant decline in both type II fibre area and strength (isometric and dynamic) with increasing age. Significant increases in maximum strength were found after the training period, irrespective of the subjects' age, although strength still was found to decline significantly with increasing age. On the other hand, after the training period, type II fibre area in the older groups was not significantly lower than for the younger groups, although there was a tendency towards a decrease with age. This further emphasizes that factors other than muscle fibre atrophy also are responsible for the decline in strength in old age.

Maximum strength has been reported to be limited by psychologically induced inhibitions, which can be reduced by a loud shout or a gun shot (Ikai and Steinhaus 1961). The motivation of the subject to perform maximal effort is another factor resulting in a methodological error even in standardized muscular strength measurements (cf. Astrand and Rodahl 1977). The possibility that the decline seen in strength in old age can be ascribed to an altered motivation is at present impossible to evaluate. However, this does not seem to be a plausible reason for the decline in strength in the old subjects, especially since the ability to perform a sustained isometric contraction or repeated maximal dynamic knee extensions was unaltered in old age.

As noted above, the cross-sectional area of the muscle is not only related to fibre area but also to number of muscle fibres. A pronounced decline in number of functioning motor units has been reported to occur after approximately 50 years of age in human skeletal muscle (Campbell *et al.* 1973, Sica *et al.* 1976). Since strength development followed a similar pattern with increasing age, it



seems reasonable to suggest that the decline in strength in old age may be due both to fibre atrophy and to a decreased number of muscle fibres

2 Shortening velocity In the present study (III) maximum knee extension velocity (MEV) was found to decline slightly with increasing age. Interestingly a statistically significant correlation was also seen between MEV and per cent type IIB fibres. This is in accordance with Campbell *et al.* (1973) who proposed that the reduced speed of contraction reported in old age (Gutmann *et al.* 1971) might be explained by the fact that most of the surviving motoneurons in old age innervate muscle fibres of slow twitch type (type I). However the relative changes seen in MEV with age were less pronounced compared with changes seen in strength. The findings presented here support the hypothesis that the maximum speed of contraction is, in contrast to strength, mainly dependent on muscle quality rather than quantity.

3 Muscular endurance Isometric and dynamic endurance in the knee-extensor muscles, measured in relation to maximum strength, appeared to increase with age although not statistically significantly. In two other studies similar tendencies towards increased endurance (isometric) were seen in old age in the hand-grip muscles (Petrofsky and Lind 1975a, b; Aronsson *et al.* 1978). Petrofsky and Lind suggested, on the basis of results from animal studies (Drahotka and Gutmann 1963; Close 1964; Gutmann and Benliková 1972) that the changes found in muscular endurance with age might be due to changing proportions of type I and type II fibres giving a higher proportion of type I fibres. This hypothesis appears tenable since such a change in fibre proportions has been observed here.

Frequency analysis of the EMG during long-lasting isometric muscle contractions showed an increase in the low-frequency region whereas the high-frequency signals decreased (Rogi and Hakamada 1962; Kaiser and Petersehn 1963). This altered frequency spectrum during fatigue has been interpreted as being due to a decline in conduction velocity of the action potential along the muscle fibres (Lindström *et al.* 1970). The accumulation of metabolic by-products (primarily lactic acid) in the muscle fibres, resulting in changed excitability of the cell membrane, has been suggested to be the main cause of the decrease seen in conduction velocity (Mortimer *et al.* 1970). The increase in the low-frequency region was more pronounced in the young than in the old subjects during long-lasting isometric contraction, indicating a less pronounced decrease in impulse conduction velocity in old age. It may be suggested that this is primarily due to age-dependent changes in the muscle tissue, i.e. decreased relative cross-sectional area of type II fibres, since the lactate production has been shown to

be higher in type II than in type I fibres during long-lasting isometric contractions (Eaton and Högmark 1975)

Lactate accumulation has been proposed as an important limiting factor in the types of isometric and dynamic endurance tests used here (Holtén *et al.* 1975 Teach *et al.* 1978) This suggestion is further supported by the results presented here which show an increased dynamic endurance with decreased M-LDH activity and increased cytochrome activity since a decreased M-LDH activity and an increased cytochrome activity might result in a smaller lactate accumulation via reduced lactate production and oxidation of pyruvate

The rate of perceived exertion (RPE) is another factor which influences the ability to perform prolonged work Borg and Linderholm (1967) reported that RPE at a given work intensity (bicycle ergometer exercise) was unaltered with increasing age in 61 lumber workers (27-63 yrs) whereas in a mixed group (18-79 yrs) RPE increased with age The dissimilarity between these two groups was interpreted to be due to the heterogeneous physical activity background of the mixed group i.e. the older subjects had adapted to a lower physical activity level However the exertion measured during a submaximal bicycle ergometer work is most probably different from the type of exertion and the local muscular fatigue in the muscular endurance measurements used here The local muscular fatigue experienced during prolonged work with hand ergograph has been reported to be altered in old age (cf Frolkis *et al.* 1976) i.e. in young persons there is a gradual decrease in working capacity whereas in old age the exhaustion is experienced first at an extreme level of muscular work The present tendencies towards an increased endurance in old age are thus in line with these data

4 Reflex measurements The method of fractionation of the total patellar reflex time used here separates the reflex in two discrete elements: first a neuronal component LAT (reflex latency) and second a peripheral component MT (motor time) (Bayes 1972) The present results indicate that the increased reflex time seen in the oldest group was primarily due to a rise in motor time i.e. the time taken for spread of excitation and development of sufficient tension within the muscle to overcome inertia and set the limb in motion. There are consequently different possible reasons which alone or together might be responsible for the increased MT with age

A slower and/or weaker muscle contraction in the older subjects would cause an increased latency before the lower leg starts to move because the rise of tension is less steep This might be caused by:

- a reduced motor nerve activity which in turn could be due to an impaired

transmission of the tendon tap to the muscle spindles a decreased sensitivity of the muscle spindles caused by the capsular thickening and the decreased number of intrafusal fibres reported in old age (Swash and Fox 1972) and/or a less efficient transmission to the  $\alpha$ -motoneurons

- the histological and ultrastructural changes observed in the muscle tissue itself with age such as muscle fibre atrophy altered proportions of muscle fibre types proliferation and dilatation of the T-system and sarcoplasmic reticulum etc. (I Gundersen *et al.* 1971 Tennega 1977)

Increased joint stiffness reported in old age (Wright and Johns 1960 Long *et al.* 1968 Chapman *et al.* 1972) is another factor which might increase the M<sub>0</sub> since an increased stiffness in the knee-joint would lead to an increased opposing force for the contracting muscle thus leading to a prolongation of the time before movement in the knee-joint occurs

#### SUMMARY

- 1 Morphological biochemical and functional characteristics of the quadriceps muscle have been studied in a group of healthy men at different ages. Histochemical and biochemical analyses have been performed on biopsy samples as well as determinations of isometric and dynamic strength, contraction velocity and endurance
- 2 The morphological characteristics of the muscle changed with age (20-65 yrs) in that the proportion as well as the cross-sectional area of the type II fibres decreased, whereas no significant linear change was seen in type I fibre area. Fibre type distribution within the type II fibre population did not change with age
- 3 Muscle enzyme activity analyses ( $Mg^{2+}$  stimulated ATPase, HK, PFK, HAD, CB, cytochrome, LDH, H-LDH and M-LDH) revealed that only minor changes occurred in the metabolic profile of the quadriceps muscle in old age. That is HAD activity increased slightly with age and M-LDH activity decreased (20-65 yrs). It is suggested that these changes reflect the change in fibre type distribution.
- 4 Maximum isometric and dynamic strengths in the knee-extensor muscles were found to increase steeply to the 20-29-year-old group, remain unchanged to the 40-49-year-old group and then to decline with increasing age (50-70 yrs). A similar age trend was also seen for maximum knee extension velocity (MEV) although the relative changes in MEV were smaller compared to the changes in strength

- 5 The strength decline seen in old age appeared before any external changes could be measured in muscle volume (thigh circumference). However type II fibre area decreased with age and was also found to correlate significantly with the strength decline indicating the importance of muscle fibre atrophy for the impaired muscular strength in old age. The results from multiple regression analyses suggested however that other mechanisms than the fibre atrophy might be involved in the decline seen in strength.
- 6 Isometric and dynamic endurance measured in relation to maximum strength tended to increase with age (20-65 yrs) although statistically not significant. These tendencies were in line with and correlated with some of the alterations seen in histochemical and biochemical characteristics of the muscle (per cent type II fibres type II fibre area and M-LDH activity). However maximum strength decreased in old age indicating a reduced isometric and dynamic endurance when measured in absolute terms.
- 7 Patellar reflex measurements revealed an increased total reflex time (TRT) in old age. This seemed to be entirely due to an increase in the motor time component i.e. the time taken for spread of excitation and development of sufficient tension within the muscle to overcome inertia and set the lower leg in motion.

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ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 458

# **The Secretory Pattern of Growth Hormone**

An Experimental Study in the Rat

By  
Staffan Eden

Göteborg 1978



ACTA PHYSIOLOGICA SCANDINAVICA  
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From the Department of Physiology  
University of Göteborg, Sweden

# **The Secretory Pattern of Growth Hormone**

An Experimental Study in the Rat

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The present thesis is based on the following papers:

- I     Monoamine gi control of episodic GH secretion in the rat:  
Effects of reserpine  $\alpha$ -methyl-p-tyrosine p-chlorophenyl-  
alanine and haloperidol  
S. Edén, P. Bolle and K. Modigh: Submitted to Endocrinology
- II    Effects of apomorphine and lisdine on rat plasma growth  
hormone after pretreatment with reserpine and electroconvul-  
sive shocks  
S. Edén and K. Modigh: Brain Res. 1977 129 379-384
- III   Plasma levels of growth hormone in female rat of different  
ages  
S. Edén, K. Albertsson-Wikland and O. Isaksson: Acta endocr  
(Kbh.) 1978 88 676-690
- IV    Age and sex related differences in episodic growth hormone  
secretion in the rat  
S. Edén: Endocrinology 1978 accepted for publication
- V     In vitro effect of growth hormone on protein synthesis and  
amino acid transport in the rat diaphragm after subtotal hypo-  
physectomy  
K. Albertsson-Wikland, S. Edén and O. Isaksson: Acta physiol  
scand. 1978 I pre

The papers are referred to in the text by their Roman numbers.



# LIST OF ABBREVIATIONS

ALA	$\alpha$ -amino butyric acid
$\alpha$ -MT	$\alpha$ -methyl-p-tyro in
CA	catecholamin
CNS	central nervous system
DA	dopamine
Dopa	dihydroxyphenyl lanine
ECS	electroconvulsive shocks
ECT	electroconvulsive therapy
FSH	follicle stimulating hormone
GH	growth hormone
GHB	gamma-hydroxybutyrate
GHIF	growth hormone inhibiting factor (somatostatin)
GRF	growth hormone releasing factor
5-HT	5-hydroxytryptamine
5-HTP	5-hydroxytryptophan
ICGH	integrated control of growth hormone
LE	luteal phase hormone
ME	median eminence
MA	mephentermine
NIAMDD	National Institute of Arthritis Metabolism and Digestive Diseases
MSD 1015	3-hydroxybenzyl hydroxylamine
PCPA	p-chlorophenyl lanine
SEM	standard error of the mean
VHM	ventromedial nucleus

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## INTRODUCTION

Regulation of the secretory pattern of growth hormone (GH)

The proximity of the anterior pituitary to the hypothalamus and the vascular connections between the two constitute basis for the hypothalamic control of secretion of hypophyseal hormones including GH. Induced hypothalamic damage, pituitary ablation or transplantation of the pituitary to other organs were only known to influence growth (for ref. Reichlin 1960; 1966). With the development of sensitive radioimmunoassays for GH, however, the mechanisms regulating GH secretion could be investigated in detail (Uttig et al 1962; Glick et al 1963). The early investigations suggested that GH secretion was under metabolic control in a fashion such as hypoglycemia and amino acid infusion were found to cause an increase in plasma GH level (Roth et al 1963; Knopf et al 1963). GH was therefore ascribed an important role in the moment to moment regulation of carbohydrate and protein metabolism and feedback relationship between GH secretion and intermediary metabolism was suggested (Glick et al 1963). However, subsequent studies showed that the plasma level of GH varied markedly and spontaneous fluctuations in the concentration of GH in plasma with no apparent relationship to physiological fluctuations in plasma level of glucose, amino acid or free fatty acids were observed. In man, release of GH was found to be consistently associated with the onset of sleep (Quabbe et al 1966; Takahashi et al 1968) but a variety of the stimuli such as trauma or exercise were also found to cause GH release. Moreover, secretory episode occurred with no apparent relationship to any stimuli (Spit et al 1972). Further studies revealed that there were species differences in the regulation of GH secretion. For example, unsuppressible stimulus GH secretion in primates but causes marked decrease in plasma GH level in rats (Schalch and Reichlin 1968).

Over the last few years, Marti and co-workers have been able to characterize the secretory pattern of GH in adult "non-stressed" rats by obtaining sequential blood samples from implanted cannulae (Tannenbaum and Martin 1976; Willoughby et al 1976; Tannenbaum et al 1976; for ref. Martin 1976; Martin et al 1978). These studies revealed that GH was secreted intermittently in pulsatile pattern in the adult male rat. Peaks in plasma GH level occurred at regular 3-4 h intervals and peak level reached 600-800  $\mu\text{g/ml}$  where level between peak were below the detection limit of the assay. Moreover,

the timing of the peaks with respect to the light-dark cycle was similar in most animals. This synchronization in timing of the secretory episodes of GH was lost when the animals were housed under conditions with constant light although the secretory pattern in individual animals was still pulsatile (Tanenbaum and Martin 1976). Subsequent studies in their laboratory have shown that the secretory pattern of GH in the adult male rat is independent of physiological fluctuations in blood glucose and insulin, corticosterone, prolactin or sleep-wake rhythms (for ref. Martin et al 1978).

The secretion of anterior pituitary hormones is influenced by hypothalamic factors released into the portal vessels reaching the hormone-producing cells from the blood stream. GH secretion is considered to be regulated by not yet identified releasing factor (GHRF) and an inhibiting factor somatostatin (GHIF). GHIF has been isolated from the hypothalamus and chemically identified (Baxeux et al 1973) and is a potent inhibitor of GH secretion in several species. The evidence for the existence of a GHRF is mainly that interruption of the hypothalamic-pituitary continuity results in a suppression of GH secretion and not in enhanced secretion as occur with prolactin (for ref. Martin 1976).

The stimulating and inhibiting factors are thought to be released from neurosecretory neurons in the hypothalamus. These neurons are in turn influenced by synaptic input from hypothalamic and extra-hypothalamic regions (for ref. Reichlin 1974; Martin 1976; Martin et al 1978). In line with this assumption are the reports of an influence of monoaminergic neurotransmitters on GH secretion. Oral administration of 5-hydroxytryptophan (5-HTP), a precursor of 5-hydroxytryptamine (5-HT), induces a moderate increase in plasma levels of GH in man (Imura et al 1973) and monkey (Chambers and Brown 1976). Administration of 5-HTP has also been shown to stimulate GH secretion in the rat (Saythe and Lazarus 1973). Administration of L-dihydroxyphenylalanine (L-Dopa), the precursor of both noradrenaline (NA) and dopamine (DA), induces increases in plasma GH level in man (Boyd et al 1970), monkey (Jacoby et al 1974) and dog (Lovinge et al 1974). In man, apomorphine, a DA receptor agonist (Andén et al 1967), is effective in stimulating GH secretion (Lal et al 1973) but not in the rhesus monkey (Chamber and Brown 1976) or the dog (Holland et al 1978). Clonidine, an  $\alpha$ -receptor stimulating agent (Andén et al 1970), stimulates GH secretion in man (Lal et al 1975) as well as in other species (Chambers and Brown 1976; Ruch et al 1976; Holland et al 1978).

The hypothalamus is rich in DA, NA and 5-HT. The DA in the hypothalamus is thought to be contained mainly in neurons which originate within the hypothalamus. Practically all of the NA in the hypothalamus is contained in axons and nerve terminals arising from cell bodies in the brain stem. Also 5-HT in the hypothalamus is mainly to be found in extra-hypothalamic neurons originating from the raphe nuclei of the brain stem and the ventromedial reticular formation of the pons and mesencephalon (for ref. Fuxe and Hökfelt 1969; 1970; Brownstein et al 1976). The localization and distribution of GHIF in the hypothalamus are at this stage well known. Cell bodies containing GHIF are mainly present in the anterior periventricular hypothalamic area and GHIF nerve terminals are found in the median eminence (ME) and the arcuate ventromedial (VMH) and suprachiasmatic nuclei (for ref. Hökfelt et al 1978). Indirect evidence based on bioassay, lesion experiments and electrical stimulation techniques indicates that GHIF is to be found in the VMH, arcuate nucleus and the ME (for ref. Martin 1976). Each of the GHIF or GHIF containing neurons may be controlled by any of the monoamines as well as of other neurotransmitters.

The important relationship between functions in the CNS and the endocrine system has been known for a long time. Endocrine disorders such as hypothyroidism and hyperthyroidism are associated with mental symptoms (Gibson 1962). The thyroid hormones have been shown to potentiate the effects of antidepressant drugs, indicating an influence of these hormones on monoaminergic neurotransmission (Franga et al 1969). Moreover, psychotropic drugs have neuroendocrine effects. For example, it is well known that patients treated with reserpine, chlorpromazine or phenothiazide can develop galactorrhea, probably due to increased prolactin secretion. The effects of these drugs is thought to be due to interference with dopamine neurotransmission (Wurtman and Wurtman 1978). Thus, increased knowledge of the neural mechanisms regulating pituitary function has opened the possibility of an increased understanding of changes in the function of the CNS by studying hormone secretion from the anterior pituitary.

#### GH, growth and intermediary metabolism

The importance of the anterior pituitary for normal growth was established early in this century. In 1912 Ashoe reported that removal of the anterior pituitary led to cessation of somatic growth. Evans and Long (1921) showed that extracts of bovine pituitary gland produced supranormal growth

in rats Smith (1930) developed surgical techniques for hypophysectomy of the rat and also showed that growth in hypophysectomized rats could be partially restored by hypophyseal transplants. A highly purified protein from bovine pituitaries that produced somatic growth when administered to hypophysectomized or normal rats was isolated and characterized in the 1940 (Lipsett 1943; Wilhelmi et al 1948). This protein had little or no effect on adrenals, thyroid or gonads and was called growth hormone (GH) or somatotropin.

Early studies indicated that the anterior pituitary also was important in the regulation of intermediary metabolism. The diabetic state of pancreatectomized dogs was improved after hypophysectomy (Houssay et al 1931) and extracts of the anterior pituitary was shown to cause hyperglycemia when injected to intact animals (Young 1937). Burn and Ling (1929) showed that pituitary extracts increased ketonuria in rats. Teel and Cushing (1930) observed a decrease in urinary excretion of nitrogen and phosphorus and a decrease in the blood concentration of nitrogen after administration of pituitary extracts to rats. Subsequent studies with purified GH showed that GH influenced carbohydrate, protein and lipid metabolism. Thus, prolonged treatment with GH was found to be associated with hyperglycemia, increased catabolism of fat as well as protein anabolism and enhanced growth (for ref. Ko tyo and Nutting 1974; Goodman and Schwartz 1974; Altshuler 1974).

There is, however, no simple relationship between GH secretion, growth, and intermediary metabolism. For example, levels of GH in plasma during late fetal life and in the newborn are high (Kaplan et al 1976) but absence of GH produces little change in fetal growth (for ref. Cheek and Hill 1974). GH levels then decline during the neonatal period but GH deficiency during the first year of life is associated with growth retardation (Brasel et al 1965; Rimoi et al 1968).

The ultimate growth response to GH of target tissue consists of an increase in the synthesis of protein and nucleic acids (for ref. Ko tyo and Nutting 1974). The stimulating effect of GH on protein synthesis is initiated from hypophysectomized animals is rapid in onset and detectable within 20 min after the administration of the hormone. The stimulation of nucleic acid synthesis by GH is, however, not observed until several hours after GH administration. Thus, GH is initially stimulates protein synthesis by increasing the activity of ribosomes already present and consequently independently of this effect of GH on protein synthesis units are activated (for ref.

Kostyo and Netti g 1974) The stimulatory effect of single injection of GH on protein synthesis has been shown to last for 24 h (Kostyo and Netti g 1973) The apparently long duration of the effects of GH on protein synthesis indicates that rapid change in the plasma concentration of the hormone might be of minor importance for the anabolic effects of GH

Most studies on the effects of GH on intermediary metabolism have however been performed in animals hypophysectomized several days prior to study and using relatively large doses or high concentrations of the hormone The effects of GH registered under such circumstances might not be representative of the physiological actions of the hormone in the intact animal The effect of a surge of GH in plasma on tissue in the intact organism may therefore be different from those registered after castration of GH in hypophysectomized animal An increased understanding of the regulatory mechanism of GH secretion and of normal variation in the secretion of GH may be valuable for the elucidation of the mechanism of control of the hormone

## AIMS OF THE PRESENT STUDY

The high concentration of monoamines in the hypothalamus and the ME and the influence of monoamine on GH secretion indicate that monoamines are of considerable importance in the regulation of GH secretion. The role of monoaminergic neuron in the regulation of the secretory pattern of GH is however not clear. The present investigation was initiated to evaluate the role of monoaminergic neurotransmission in the control of episodic GH secretion in the rat (Paper I).

It has been shown that the behavioural response to CA agonists in mice is enhanced after pretreatment with electroconvulsive shocks (ECS) (Modigh 1975). It is valuable if studies on GH secretion could be used as a tool to study variations in sensitivity of monoaminergic receptor. The effects of pretreatment with ECS on CA induced GH release were studied (Paper II).

In a recent report from our laboratory it was shown that GH stimulated amino acid transport and protein synthesis in diaphragms of young female rats (10-20 day old) whereas these effects were poor or inconsistent in younger (< 10 day) and older (> 20 days) animals (Albertsson-Wikland and Isaksson 1976). It has been shown that plasma GH levels in the rat change during the first weeks of life (Rientort 1974; Stroscher and Miahle 1975). The present experiment were initiated to evaluate if the variations in tissue sensitivity to exogenous GH with age were associated with variations in the secretion of the hormone (Paper III). Since it has been shown that the secretory pattern of GH is different in adult female rats compared to adult males (Sunders et al 1976) the developmental changes in the secretory pattern of GH were studied separately in young female and male rats (Paper IV).

The poor inconsistent effects of exogenous GH on tissues from normal animals have been attributed to the long-lasting effects of endogenous GH (Kostyo and Kitting 1974). Recent experiments in our laboratory have indicated that the duration of the effects of GH on amino acid transport and protein synthesis in skeletal muscle of young (10 day-old) rats is shorter than those in rats that have been hypophysectomized several days prior to study (Albertsson-Wikland and Isaksson 1978). In the present experiment the effects of exogenous GH on amino acid transport and protein synthesis in the diaphragm muscle were studied to show time interval after hypophysectomy to evaluate the time-course of the development of responsiveness of the tissue to GH following administration of endogenous GH (Paper V).



The purpose of the present study can thus be summarized as follows:

- 1 to study the role of monoaminergic neurotransmission in the control of normal GH secretion
- 2 to study if pretreatment with ECS was associated with change in the CA induced release of GH
- 3 to characterize the secretory pattern of GH in female and male rats of different age
- 4 to study the time-course of the development of the responsiveness to GH after acute hypophysectomy

## METHODOLOGICAL CONSIDERATIONS

It was early recognized that single measurements of GH in plasma were of little value for diagnostic purposes. Therefore, various stimulation tests have been used, for example in the diagnosis of pituitary inefficiency (Fraser et al. 1974). These tests may however more reflect the secretory capacity of the pituitary than the "physiological GH secretion" (Reichlin 1974). It is now known that GH secretion is episodic rather than continuous and that the half-life of GH in plasma both in man (Olik et al. 1964) and in the rat (Frohman and Bernardis 1970) is relatively short. This in turn necessitates repeated measurements of GH in plasma from the same individual to clarify normal variations in GH secretion. Moreover, the secretion of GH is labile, its function influenced by various stimuli which can either enhance or inhibit GH secretion (for INTRODUCTION). These findings make adequate control conditions imperative in studies on GH secretion and GH regulation.

### Experimental animals

Spague-Dawley rats purchased from Anti-Inex Stockholm were used in all experiments. The animals were delivered at least 3 days before they were exposed to any treatment or used in experiments. They were housed under controlled conditions in a room with artificial light between 0500 and 1900 h. Food (Type R3 Anti-Inex Stockholm) and tap water were freely available in the experiment. Animals younger than 20 days were accompanied by a mother (Pups III and IV). Eight pups of the same sex were delivered with mother I in the experiment. Body weight was recorded daily and rats with a normal growth rate were considered healthy.

### Blood sampling procedure

Single blood samples. Since stress is known to inhibit the release of GH in the rat (Schalch and Reichlin 1966; 1968; Dun et al. 1973/74; Tury et al. 1976) great care was taken to minimize the influence of stress associated with blood sampling. All forms of anaesthesia during blood sampling were omitted as different forms of anaesthesia have been shown to influence GH secretion (Schalch and Reichlin 1966; Takahashi et al. 1971) also in young animals (Strass and Mihal 1975). In the present experiment the animals were daily weighed, handled and removed from their cages for short periods of time.

When single blood sample were taken the rats were gently removed from their cages and blood was obtained either from the trunk after rapid decapitation or from the tip of the tail after a quick cut with a knife. Plasma levels of GH were in the same range irrespective of the technique used for obtaining single blood samples (cf. Table 1, Page III). GH levels in rat samples from each cage may however have been influenced by stress induced when handling the cages or picking the animal out of their cages. However, GH level in the rats sampled sequentially from the same cage were not successively lowered indicating that the sampling technique per se did not influence the plasma concentration of GH. By obtaining blood samples from the tip of the tail plasma GH levels could be measured in the same animal on different occasions. In the present study blood samples were obtained at 3-4 day intervals in order to ensure that previous sampling did not affect GH level.

Sequential blood samples from implanted cannulae in young animals ( $\leq 30$  days old) the cannulae were implanted via the right external jugular vein into the superior v. cava (Paper IV). In older animals intra-aortic cannulae were implanted as described by Popović and Popović (1960). In the author's hands arterial cannulae were easier to keep open and could be used for repeated sampling of blood on consecutive days and were therefore used when possible. On each day after the operation a polyethylene tube (PE 50, void volume 0.1 ml) was connected to the cannula and brought out through the top of the cage. This tube was subsequently used to take the blood samples. The animals were handled daily on several occasions to adapt them to the sampling procedure. In preliminary investigation (Paper II) sequential blood samples were taken on the day after the operation. Methodological experiments revealed however that the secretory pattern of GH in these animals was different compared to animals adapted for several days to the sampling procedure. In Fig. 1 the results from methodological experiments are shown. In this experiment blood samples were obtained from adult male rats (90 day old) at 30 min intervals for 3-4 h periods on 4 consecutive days after the implantation of the cannula. The day after the operation peak levels of GH were markedly reduced. On the second, third and fourth postoperative day peak levels of GH were high and plasma level were low between peaks. The apparently normal secretory profile occurred concomitantly with gain in weight. All animals included in subsequent experiments were allowed to recover for 1

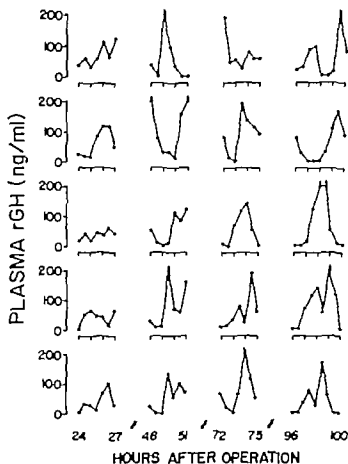


Fig. 1 Effect of surgical trauma on the secretory pattern of GH in adult male rat. Blood samples were obtained at 30 min intervals for 3-4 h for 4 consecutive days following surgery. Arrows indicate level > 200 ng/ml.

1 st 4 days before experiment. Animals with the following criteria were considered "healthy":

1. Gain in weight from the second postoperative day
2. Body weight on the day of blood sampling equal to or over preoperative body weight
3. Gain in weight or stable body weight on the day after blood sampling
4. Normal behavior as assessed by gross observation and lack of signs of stress such as piloerection or peripheral vasoconstriction during blood sampling

The third and fourth criteria were not considered in the study on monomer control of GH secretion (Paper I) if drug were used that affected normal behaviour. Body weight gain in animals not exposed to blood sampling. The importance of the fourth criterion is illustrated in Fig. 2. In this experiment 45 day-old female rats were accidentally exposed to blood loss because of a leakage in the cannulating tube. The blood loss was associated with piloerection and peripheral vasoconstriction and also with marked inhibition of GH secretion.

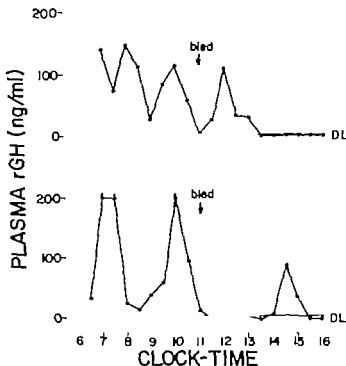


Fig. 2. Effect of bleeding on GH secretory profile in 45 day-old female rats. Blood samples were obtained from 2 rats at 30 min intervals. At 11:00 both rats were exposed to blood loss (bled). By gross observation, the bleeding was followed by peripheral vasoconstriction and piloerection and GH levels in plasma were depressed concomitantly. Arrows indicate levels 200 ng/ml. D.L. represents the detection limit of the assay (2 SD above zero dose response in the standard curve).

## Determination of plasma levels of GH

The development of radioimmunoassay methods with sensitivities that by far exceeded that of bioassays has enabled detailed studies of variations in the levels of different hormones in plasma. Sensitive radioimmunoassays for rat GH have been available for more than 10 years (Park *et al.* 1963; Schelch and Reichlin 1966). Determination of plasma levels of GH by radioimmunoassay probably reflects the amount of GH released from the pituitary since the half life of the hormone in plasma is only 5 - 20 min. It is however not clear if GH in plasma measured by radioimmunoassay is the physiologically active entity (for ref. Kostyo and Isaksson 1977). GH appears in different immunologically active forms in plasma (Goodman *et al.* 1974) but the biological activity of these different forms is not known. Moreover there is indication of discrepancy between plasma levels of GH detected by radioimmunoassay compared to that measured by bioassay (Ellis and Griendland 1974; Ellis *et al.* 1976). Other investigators have however reported good correlation between GH levels measured with bioassay and radioimmunoassay (for ref. Kostyo and Isaksson 1977) and further studies are required to resolve these issues.

In the present experiments plasma levels of GH were determined using a double antibody technique developed in collaboration with the Department of Physiology, Emory University, Atlanta, Georgia. The assay was developed to ensure high sensitivity thereby allowing accurate titration of plasma GH in small sample volumes. Highly purified rat GH (R 1051 A) with a reported biological activity of 2 IU/mg as assessed by the body weight gain assay was used as reference preparation in the standard curve of the assay. This highly purified preparation was a generous gift from Dr A.E. Wilhelm. The same hormone was iodinated with  $I^{125}$  using the lactoperoxidase method (Thorell and Johanson 1971). About 20  $\mu$ g of the hormone was iodinated every 3 months. Immediately following iodination the radioactive material was placed on Sephadex LMM (600  $\times$  9 mm i.d.) eluted with 1 M bovine serum albumin in 0.05 M phosphate buffer (pH 7.5). One ml fraction was collected. The radioactivity in each fraction was measured and three peaks were obtained (Fig. 3). Each fraction was tested for binding to antibodies to rat GH. Maximal binding was found in the second peak. This fraction was kept at  $-20^{\circ}\text{C}$  for 3 months. The first peak was considered to be aggregates of GH and the third peak the free iodine. For each radioimmunoassay the labelled hormone was purified on the same column (Fig. 3).

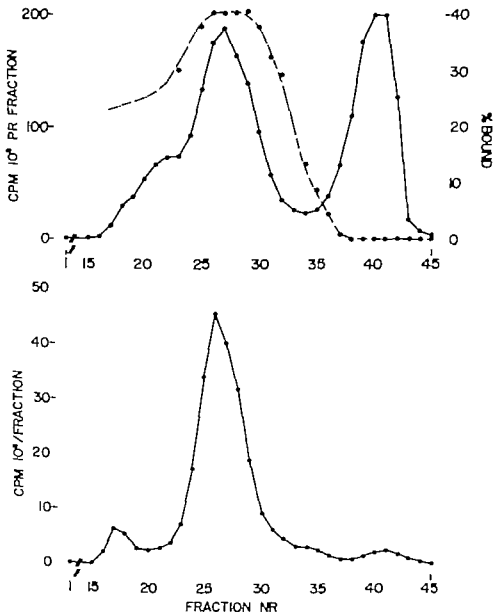


Fig. 3. Gel filtration of labelled rat CM (1051 A). After iodination the hormone was purified (upper panel) on Sephadex Column (8.75 x 600 x 9 mm i.d.) eluted with 1M bovine serum albumin in phosphate buffer (0.05 M, pH 7.5). One ml fractions were collected and the radioactivity in each fraction counted (o—o). The binding of each fraction (o—o) was tested by incubating ~10000 cpm with A-rat CM 8-3 (1:200000) for 24 h. The binding was 40% in fractions 26-29. These fractions were pooled and stored in subsamples at 30°C for subsequent use. A subsample of the fractions pool 4 and collected after the rat purification was reperfused on the same column (lower panel) before each assay. One ml fractions were collected and the radioactivity in each fraction counted. Fractions with the highest radioactivity were pooled and used in the radioimmunoassay for rat CM.

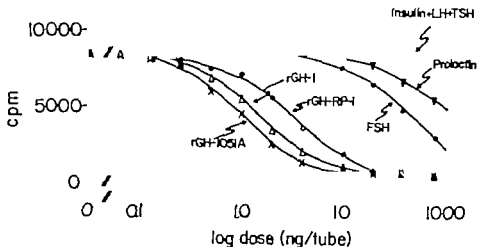


Fig. 4. Specificity of rat GH radioimmunoassay. Labeled rat GH was incubated with A-TCH 8-3 (1:10000) and with different concentrations of the following hormones: at GH 1051 A (NIAMDD) at GH-I (NIAMDD) at GH RP-I (NIAMDD) at FSH RP-I (NIAMDD) at prolactin RP-I (NIAMDD) at LH RP-I (NIAMDD) bovine TSH (NIAMDD) pork insulin (MC-S-821506; Novo Co., Copenhagen).

Specific antibodies against rat GH (Anti-Rat GH-53) generously supplied by the National Institute of Arthritis, Metabolism and Digestive Diseases (NIAMDD) were used at final dilution of 1:100000 ~ 1:200000 giving about 40% binding when incubated with the labeled hormone for 24 h at 4°C. To test the specificity of the antibodies the binding of the labeled rat GH was tested in the presence of other polypeptide and pituitary hormone preparations (Fig. 4). As shown in Fig. 4 the 1051 A rat GH preparation was highly potent and 2-3 times more so than the other rat GH preparation (NIAMDD GH I and RP I). Rat prolactin (NIAMDD RP I) and rat FSH (NIAMDD RP I) interfered slightly at very high concentrations with the binding of the labeled hormone to the antibody. The other hormone preparation (NIAMDD LH RP-I and bovine TSH B 2) and pork insulin (MC-S-821506 Novo Co., Copenhagen) did not bind to the antibodies.

Preipitating antibodies against normal monkey serum were raised in rabbits according to Vittek et al. (1971). Boostervaccinations were given at 3-4 month intervals and the animals were bled at 3-4 weeks interval. After each bleeding the binding capacity of the separated serum was tested. The serum was used at a dilution of 1:7-1:15. Repeated thawing of the serum induced a rapid loss of binding capacity and was avoided.



In the assay the standard curve consisted of tubes with 0.0625 - 4.0 ng/tube. Plasma level of GH were determined in duplicate or triplicate samples of 10  $\mu$ l plasma. In some experiments (paper IV) 5  $\mu$ l of the plasma sample were diluted with 5  $\mu$ l of plasma from hypophysectomized rat and stored frozen. Ten microliters of plasma from hypophysectomized rat were added to the tubes in the standard curve. A logarithmic plot was used for the calculations (Fig. 5) and this plot was linear between 0.05 - 2.0 ng/tube in all assays. The detection limit of the assay (2 S.D. above zero dose in the standard curve) was always  $< 0.05$  ng/tube. When available (paper IV) plasma samples with a concentration of GH over 200 ng/ml were diluted and assayed and thereafter expressed  $>200$  ng/ml. In all assays the slope of the graphs of the standard curve were calculated and half maximal binding ( $B/B_0 = 0.5$ ) was 0.45-0.50 ng/tube and  $B/B_0 = 0.9$  was 0.05-0.10 ng/tube.

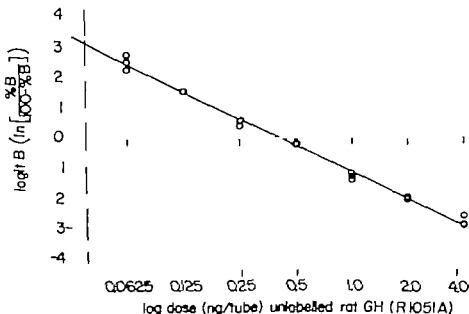


Fig. 5. Standard curve from rat GH radioimmunoassay expressed in logit-log coordinates. Unlabelled rat GH was incubated with monkey antiserum to rat GH monkey (A-rGH 9-1, final dilution 1:200000) with different concentrations of unlabelled hormone for 24 h at 4°C. Dashed vertical line represents the detection limit (2 S.D. above zero in the standard curve 0.023 ng/tube).

Table 1 Plasma level of GH measured in different dilutions

Amount of plasma in assay (μl)	Mean plasma GH concentration (μg/ml)	% of level measured in 10 μl
5	44.5 ± 12.2	51.8 ± 2.5
10	45.3 ± 10.5	—
20	43.7 ± 10.4	205.1 ± 4.1

Blood was obtained from 20 rats by rapid decapitation. Plasma was separated and GH levels were measured in duplicate of 5, 10 and 20 μl of plasma. Equivalent amount of plasma from hypophysectomized rats were added to corresponding tubes in the three different standard curves.

The within-assay variability for triplicate and duplicate determinations was 5 - 12 % (coefficient of variation). The between-assay variability was estimated by including triplicate samples of 3 - 4 plasma pools in each assay. The coefficient of variation for the between-assay variability was 10 - 26 % the highest variation in the lower range of the assay.

Since GH is known to appear in different immunological forms in plasma 5, 10 and 20 μl samples of the same plasma were assayed in some experiments (Table 1). The dilution slopes were parallel to that of the standard curves suggesting that no greatly different forms of GH appeared in the plasma. Different amounts of unlabelled hormone were also added to tubes containing the 10 μl of plasma from hypophysectomized rat and 10 μl of pooled plasma from normal rats (Table 2). The recovery of the assay was approximately 100 % (range 88 - 112 %).

Table 2 Recovery data in rat GH radioimmunoassay

Added amount GH (ng/tube)	Tube with hypox plasma		Recovery %	Tube with 0.45 ng GH/tube		Recovery %
	Amount of GH measured (ng/tube)			Amount of GH measured (ng/tube)		
0.25	0.28 ± 0.01	112 ± 2		0.70 ± 0.03	100 ± 12	
0.05	0.48 ± 0.01	95 ± 1		0.89 ± 0.03	88 ± 6	
1.0	0.98 ± 0.03	98 ± 3		1.49 ± 0.04	104 ± 3	
2.0	2.10 ± 0.08	105 ± 4		2.49 ± 0.05	102 ± 3	

Different amounts of GH (R 9051A) were added to triplicate samples with plasma from hypophysectomized rats and to plasma with 0.45 ng GH/tube as determined by the rat GH radioimmunoassay. The amount of GH was in each type subsequently determined in the assay.

## Drug administration

All drugs were given in neutral solutions by the intraperitoneal route in volumes of 10 or 20 ml/kg. Control animals received 0.9% saline. The following drugs were used:

Reserpine (Serpasil; CIBA Stockholm)

Apomorphine HCl x 1/2 H<sub>2</sub>O (Sand Basel)

Clonidine HCl (Boehringer Ingelheim Stockholm)

$\alpha$ -Methyl-p-Tyrosine methyl ester (a-MT (H44/68); Hassel Göteborg)

p-Chlorophenylalanine methyl ester HCl (PCPA (H69/17) Hassel Göteborg)

Haloperidol (Haldol; Leo Helmingborg)

3-Hydroxybenzyl hydrazine HCl (MSD 1015; Smith & Nephew Research Ltd London)

## Electroconvulsive shocks (ECS)

Group of animals were pretreated with one ECS daily for 7 days as described in paper II.

## Motor Activity

In some experiments (paper I) the effect of different drugs on behaviour was estimated by measuring motility by means of "M/P 40 F Electronic Motility Meter" (Moticon Produktion Stockholm). These are based on 40 conductive sensors arranged in 5 rows of 8 cells with a centre-to-centre distance of 40 mm. The cells are covered by translucent plastic boxes. The light source is a regular incandescent lamp mounted 115 cm over the photoconductive cell. The recording was started 30 sec after inserting the animal in the test cage and motility was recorded during 30-60 min and registered as count per 10 min. The measurements were performed between 1000-1400 h.

## Model used to estimate monoamine synthesis

CA and 5-HT synthesis were determined by measuring 3,4-dihydroxyphenylalanine (Dopa) and 5-hydroxytryptophan (5-HTP) accumulation respectively 30 min after the administration of MSD 1015 as previously described (Carlsson et al. 1972).

## Determination of brain concentration of monoamines and monoamine precursors

Brain levels of monoamines and their precursors were measured after purification according to Atack and Magnusson (1970) by the following spectrophotofluorimetric analyses: DA (Atack 1973) MA (Bertler et al. 1958) 5-HT and 5-HTP (Atack and Lindquist 1973) and Dopa (Kehr et al. 1972)

## Acute hypophysectomy

Female rats 30 days old were hypophysectomized under ether anaesthesia by the parapharyngeal approach (Smith 1930). This technique has been used for many years in this laboratory (Ahlen and Hjalmarsson 1968). The completeness of the hypophysectomy was tested by measuring the plasma levels of GH at various time intervals after the operation. There were no detectable levels of GH in plasma at 2, 6 and 24 h after the operation (page V). In order to evaluate if GH leaked out into the blood during the operation, plasma GH was measured in a separate experiment at 0, 10, 20, 30, 60 and 90 min after the removal of the gland. There were no detectable levels of GH in plasma of any of the rats (5 in each group) which clearly shows that no such leakage occurred.

To obtain appropriate control for the hypophysectomized rat groups, some animals were sham-operated. The operation was identical to that performed when rats were hypophysectomized except that the pituitary gland was not removed during the surgical procedure.

Incubation procedure and determination of amino acid transport and incorporation into protein

In page V the effect of GH in vitro on amino acid transport and protein synthesis in the antidiaphragm was studied after acute hypophysectomy. These two parameters have been widely used in studies on the effects of GH and were therefore chosen to simplify comparisons with previous results. Female rats (control, sham-operated and hypophysectomized) were killed by rapid decapitation and blood was collected from the trunk for subsequent determination of plasma GH. Intact hemidiaphragms were prepared according to Ko tyo and Knobell (1959). The paired diaphragms were washed for 10 min and then transferred to other flask with or without

bovine GH (NIHMD bovine GH-18) at a concentration of 5  $\mu\text{g/ml}$ . They were incubated for additional 30 min and then processed to measure the distribution ratio of the non-utilizable model amino acid  $\alpha$ -aminoisobutyric acid (AIB) and the incorporation of labelled phenylalanine into dipeptidyl protein. The methods used have been described by Hjalmarsson and Ahrén (1967) and Albertsson-Wikland and Isaksson (1976).

#### Statistical procedures

Values are given as means  $\pm$  SEM. Significances between means were calculated by Student's *t*-test (Snedecor 1956) or when more than two groups were compared with analysis of variance followed by Student-Newman-Keuls multiple range test (Woolf 1968). *P*-value less than 0.05 were considered significant.

Since normal distribution of the group and homogenous variance are required for the use of these tests the following methods were also used to check significance of difference in GH plasma level between different groups.

Wilcoxon test (Colquhoun 1971) was used when two groups were compared.

Fisher permutation test (Fisher 1960) was used to evaluate differences between groups on each sampling occasion. Those significances of analogous comparisons were pooled to obtain compound significance (Odén and Wedel 1975).

Transformation of raw GH data to logarithms was used to obtain homogenous variances (Woolf 1968). Conventional parametric tests were then used for comparisons between means.

Since these methods gave results identical to those obtained with raw GH data and conventional parametric tests these calculations were sometimes omitted (Papers I and IV).

## RESULTS AND CONCLUSIONS

Monoaminergic control of episodic GH secretion (papers I and II)

In these experiments the effects on GH secretion of pharmacological agents which are known to interfere with monoaminergic neurotransmission were studied. Adult male rats (3 months old) were used to simplify comparisons with results obtained in other laboratories (for ref. Martin *et al.* 1978). Sequential blood samples were obtained for periods of at least 3 h so that major peaks in the plasma concentration of GH could be detected.

Administration of a high dose of reserpine (10 mg/kg) was found to completely inhibit GH secretion for at least 15 h and after 24 h GH levels were markedly depressed. At 36 h after the injection apparently normal episodic GH secretion had reappeared (Fig. 6). Administration of reserpine induced within a few hours pronounced psychomotor inhibition, hunched back position and blepharospasm. At 24 h after injection of reserpine there was marked reduction of brain levels of CA and 5-HT. At 36 h after injection the behavioral inhibition was less complete whereas brain level of CA and 5-HT still were markedly depressed. The complete inhibition of GH secretion could be prolonged by repeated administration of reserpine as is given that also postponed the reappearance of peaks in the plasma concentration of the hormone (cf. Fig. 3, Paper I) and correspondingly prolonged the hypercortisolemic behavioral effects of the drug. The time schedule for the inhibition and recovery of GH secretion after reserpine is in good agreement with the effects of the drug on central and peripheral monoaminergic neurotransmission.

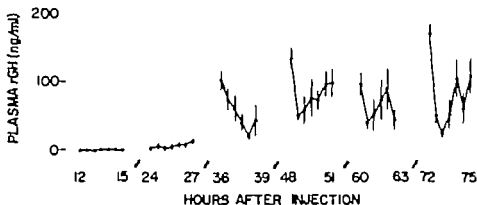


Fig. 6. Effects of single injection of reserpine (10 mg/kg i.p.) on plasma GH. Blood samples were obtained 30 min interval of 3 h at 12 h interval for 3 consecutive days. Each point represents the mean of 12 observations. Vertical bars represent SEM.

(for ref. Carlson 1965)

Since reserpine inhibits neurotransmission in all types of monoaminergic neurons specific synthesis inhibitors were used to evaluate the role of each of the monoamines in the control of GH secretion. Administration of  $\alpha$ -MT, a tyrosine hydroxylase inhibitor, partly inhibited GH secretion which is in accordance with previous observations (Moell et al. 1976 Du and et al. 1977). After  $\alpha$ -MT, motor activity was partly inhibited and brain levels of CA as well as CA synthesis were reduced as MSD 1015 induced accumulation of Dopamine depressed brain levels of 5-HT and 5-HT synthesis reflected as MSD 1015 induced accumulation of 5-HT were unaffected after treatment with  $\alpha$ -MT.

An important role of CA neurotransmission in the control of episodic GH secretion was further substantiated by the finding that animals given haloperidol, DA and  $\alpha$ -A receptor antagonist had very low level of GH in plasma with a total absence of episodic secretion of the hormone. In line with these results are the findings that phenoxybenzamine, an  $\alpha$ -receptor blocking agent, causes complete suppression of episodic GH secretion in the rat (Martin et al. 1978 a) and that the DA receptor antagonists ( $\alpha$ -) butaclamol (Willoughby et al. 1977) and pimozide (Martin et al. 1978) have inhibitory effects on episodic GH release. The effect of the DA antagonist was however less pronounced than that of phenylephrine (Martin et al. 1978) indicating that  $\alpha$ -receptor mechanisms are more important than DA receptors in the control of episodic GH secretion in the rat. This concept is further strengthened by the finding in the present study that lonidrine induced GH release in reserpine pretreated animal whereas spomorphine was ineffective in doses that induced psychomotor stimulation and stereotypy. Further previous studies have shown that treatment with lonidrine restores episodic GH secretion in rats pretreated with  $\alpha$ -MT whereas spomorphine is ineffective (Durand et al. 1977).

Administration of PCPA, an inhibitor of tryptophan hydroxylase, at repeated intervals before experiments caused marked reduction of brain levels of 5-HT and an inhibition of 5-HT synthesis. Brain levels of CA and CA synthesis were only lightly reduced after PCPA. Administration of PCPA had however no effect on episodic GH secretion. Treatment with PCPA has previously been reported to inhibit GH secretion in the rat (Martin et al. 1978). These observations are found that 14-19 h after the last injection

of PCPA GH peaks were reduced compared to controls. In the present study the last injections of PCPA were given 24 - 27 h before the experiments. The discrepancy between the present results and those of Martin and co-workers might be explained by the fact that PCPA besides its effect on 5-HT synthesis induces a short-lasting inhibition of CA synthesis (Koe and Weissman 1966; McGarr et al. 1968).

The complete inhibition of GH secretion after treatment with reserpine thus seems to be derived from the effects of the drug on CA neurons rather than 5-HT neurons. Moreover clonidine but not pomorphine could reverse the reserpine induced inhibition of GH secretion indicating that activation of  $\alpha$ -adrenergic receptors is important and perhaps also necessary for episodic GH secretion to occur in this species.

#### Effects of ECS on CA induced GH secretion (Paper II)

Pretreatment with ECS x VII had no apparent effects on GH secretion in otherwise untreated animals. In this preliminary investigation sequential blood samples were obtained the day after implantation of the cannula. The secretory profile in these animals was different from those in animals allowed long recovery periods in that peaks occurred at irregular intervals and peak levels were lower. Subsequent studies performed at later time intervals after pretreatment have not revealed any significant effects of ECS on the secretory pattern of GH (Boll et al. 1978).

Administration of reserpine inhibited GH secretion completely in ECS pretreated animals as in control. The combined treatment with pomorphine and clonidine given 4 h after reserpine injection induced a significant release of GH in all animals pretreated with ECS x VII and in 7 of 10 animals pretreated with ECS. The peak plasma GH levels were over 100 ng/ml. In control animals the GH release after administration of the combined treatment with clonidine and apomorphine was less pronounced compared to that of ECS pretreated animals and peak plasma levels were over 100 ng/ml in only 2 out of 7 animals. Thus the GH release induced by the combined treatment with pomorphine and clonidine was markedly enhanced by pretreatment with ECS indicating an increased sensitivity of CA receptor involved in the regulation of GH secretion after ECS.



The secretory pattern of GH in female and male rats of different ages

In all age groups studied plasma levels of GH varied markedly (cf. Fig. 2 Paper III and Fig. 1 Paper IV). There was however a marked variation in plasma GH levels with age in both female and male rats (Papers III and IV). In 10-15 day-old rats levels ranged from  $< 5$  ng/ml - 150 ng/ml. The levels of GH in plasma declined and ranged from  $< 5$  - 75 ng/ml in 20-22 day-old animals. Level was higher in rats 30 days old and older and ranged from  $< 5$  ng/ml -  $> 200$  ng/ml. These observations are in good agreement with previous report that there is a rapid rise in plasma GH in rats from the 18th day of gestation to high levels at birth and that GH level then rapidly decrease reaching the lowest level at 15-20 day of age. During the pre-pubertal and pubertal periods (25-50 days of age) levels gain increase (Dickerman *et al.* 1972; Elutort 1974; Strosser and Mihal 1975; Ojeda and Jansson 1977).

There was no difference in the increase in body weight between females and males up to day 20. Thereafter the increase in body weight was higher in males. This difference in body weight gain developed concomitantly with a difference in the plasma levels of GH. In males an increase in plasma GH level was observed between day 20 and 25 whereas the plasma GH levels in females increased between day 25-30 (Fig. 7). Also after day 30 the increase in body weight was more pronounced in males compared to females. There was however no difference in the age and distribution of plasma GH level between male and female aged 30-90 days.

In order to study the secretory pattern of GH in female and male rats during development sequential blood samples were taken from individual rats with implanted cannulae. The results from these studies clearly showed that GH was secreted episodically in pre-pubertal rats. There were however significant differences in the secretory pattern of GH between female and male rats and between rats of different ages.

In 22 day-old rats GH was secreted in single episodes lasting 3-4 h interval but peak level were lower compared to older animals and did not exceed 70 ng/ml. There was no apparent difference in the secretory pattern of GH between female and male at this age.

In older males (30-45 and 90 day old) GH was secreted periodically and peaks in the plasma concentration of GH reached 200-300 ng/ml. Peaks occurred at regular 3-4 h intervals. Between peak levels of GH were low

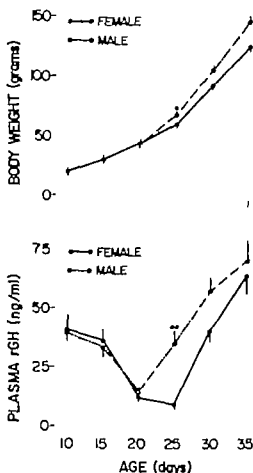


Fig. 7. Body weight (upper panel) and plasma GH level (lower panel) in female and male rats of different ages. The rats were bled from the tip of the tail starting on day 10. Eight female and 8 male rats in 2 litters were bled at 08 00 the next 2 litters at 09 00 the next 2 at 10 00 etc. The same schedule for blood sampling was used when the rats were 15 20 25 30 and 35 days old. A total of 128 rats (64 female and 64 male) were included. Each point represents the mean of 64 observations. Vertical lines represent SEM.

p = 0.05 vs female of corresponding age  
 \*\* = 0.01 vs 25-day-old female

(5 ng/ml). Peaks in plasma GH level were seen at the same time in most males indicating a timing of the secretory episodes of GH between animals. The secretory pattern of GH in male rats 30 days and older is seen in the present study is thus very similar to that observed in adult male rats by Martin and co-workers (for review Martin 1976).

# AGE: 30 DAYS

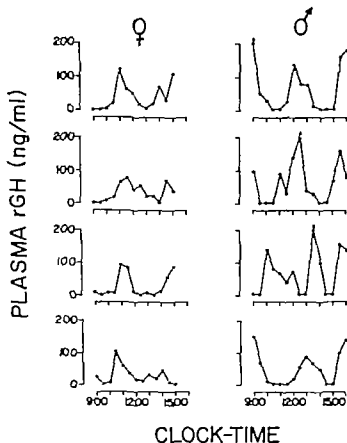


Fig. 8. Individual GH secretory patterns of 4 female (left) and 4 male (right) rats, 30 d of age. Blood samples were obtained at 30 min intervals for 6-7 h. All animals were sampled over the same clock-time interval. Arrows indicate values = 200 ng/ml.

In female (> 30 d y) the secretory pattern of GH was different compared to male of corresponding age. In 30 day-old rats GH was secreted predominantly in 3 h intervals in both female and male. Peak level of GH were however significantly higher in male compared to female (Fig. 8). In 45 day-old female there were periods of high plasma GH with high concentration of GH (200-300 ng/ml) but these occurred at shorter intervals compared to males and therefore the spacing of the peaks between animals (cf. Fig. 6 and 7 for females and 7

Paper IV) In 90 day-old female rats episodic peaks in the plasma concentration of GH occurred at irregular frequent intervals and peak levels were often lower compared to 90 day-old males. Between peaks GH levels were often higher in 90 day-old female compared to males (Fig. 9). A difference between the secretory pattern of adult female rats compared to adult male has previously been reported (Saunders *et al.* 1976).

The results from the present study demonstrate that GH is secreted episodically in prepubertal as well as in pubertal and adult rats. For

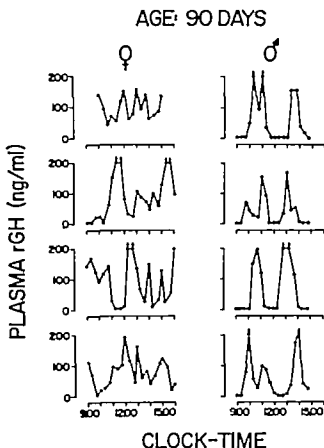


Fig. 9 Individual GH secretory patterns of 4 female (left) and 4 male (right) rats 90 days old. Blood samples were obtained at 20 min intervals for 6-7 h. Samples were taken over the same clock-time interval. Arrows indicate values > 200 ng/ml.

technical reasons sequential blood samples could not be obtained from animal younger than 22 days of age. The wide range of plasma GH levels in 6 - 20 day-old animals indicate however that GH in the rat is secreted intermittently also during the first weeks of life.

There was no apparent sexual difference in the secretory pattern of GH in rats younger than 25 days of age. In prepubertal rats (25 - 30 days of age) difference in the secretory pattern of GH between female and males developed concomitantly with a difference in growth rate.

#### Responsiveness to GH *in vitro* of the rat diaphragm after acute hypophysectomy (Papa V)

In order to study the responsiveness of peripheral tissues to GH after elimination of endogenous GH the effects of GH *in vitro* on amino acid transport measured as the distribution ratio of labelled AIB and protein synthesis as assessed by the incorporation of labelled phenylalanine into diaphragmal proteins were studied at short time intervals after acute hypophysectomy. There were no detectable levels of GH in plasma 2, 6 and 24 h after hypophysectomy. Sham operation was also associated with marked reduction of plasma GH level for the first 6 h following the operation but levels were normal at 24 h after sham operation.

At 2, 6 and 24 h after hypophysectomy protein synthesis was reduced compared to control level. At 2 and 6 h after sham operation protein synthesis was depressed but after 24 h there was no difference in the rate of protein synthesis between the sham-operated and the control group. Amino acid transport was not significantly altered after sham-operation. At 6 h after hypophysectomy however amino acid transport was markedly enhanced. Similar observations have been made in the small intestine of the rat by Levitan *et al.* (1974) who found an initial increase in amino acid transport followed by decrease after hypophysectomy. In the present study plasma levels of GH were also low in the sham-operated group of 6 h following surgery but amino acid transport was not enhanced. Thus the increase in amino acid transport at 6 h after hypophysectomy cannot be ascribed only to a lack of GH.

Incubation of the hemidiaphragms with GH had no effect on protein synthesis or amino acid transport in the diaphragms of control animals.

(30 day-old females) which is in accordance with previous observations (Åhrén and Hjelmarsen 1968, Albertsson-Wikland and Iaksson 1976). At 6 and 24 h after hypophysectomy GH in vitro stimulated both parameters indicating that the tissue was responsive to the effects of GH a few hours after hypophysectomy. A stimulating effect of GH in vitro on protein synthesis was also observed at 6 h after sham operation. These animals had low or undetectable levels of GH in plasma following surgery. These low levels of GH in plasma for a few hours seem to make the tissue susceptible to the stimulating effects of exogenous GH on protein synthesis.

## GENERAL DISCUSSION

### Regulation of episodic GH secretion

Role of monoamine It is well established that the monoamine MA, DA and 5-HT influence GH secretion (for ref. Reichlin 1974) but the role of monoaminergic neurotransmission in the regulation of episodic GH secretion is not clear. The results from the present study suggest that episodic secretion of GH in the rat is dependent upon intact function in monoaminergic neurons. Moreover, they especially indicate that activation of  $\alpha$ -adrenergic receptors play an important role in the control of episodic GH release in the rat which is in line with independent observations by Durand et al (1977) and Martin et al (1978).

Activation of  $\alpha$ -adrenergic receptors by administration of clonidine induces GH release in otherwise untreated humans, anesthetized monkey (Chamber and Brown 1976), dog (Holland et al 1978) and in man (Lal et al 1975). Moreover, phentolamine, an  $\alpha$ -receptor blocking agent, has been shown to inhibit GH release in man after insulin induced hypoglycemia, exercise, arginine vasopressin and certain stress (for ref. Martin et al 1978).  $\alpha$ -adrenergic mechanisms therefore seem to influence GH secretion in many species. If MA also participates in the regulation of episodic GH secretion in the species then this is however not clear. In man, sleep-associated GH release is not affected by phentolamine (Luck and Glick 1971). Chlorpromazine, a MA and DA receptor blocking agent (Takahashi et al 1968). These findings do however not exclude the possibility of

the role of CA in the regulation of nocturnal GH secretion in man. In the induced CA receptor blockade might have been only partial. Thus, further studies are required to elucidate the role of monoaminergic neurotransmission in the control of episodic "physiological" GH secretion in man.

In contrast to man, stress such as stress, exercise, hypoglycemia and the anesthetic used in rodent studies is associated with an inhibition of GH secretion (for ref. INTRODUCTION) indicating important species differences in the regulation of GH secretion. In the rat, stress-induced inhibition of GH secretion seems to be due to enhanced secretion of GHIF (Arimu et al 1976, Terry et al 1976). Also, fasting which is associated with enhanced GH secretion in man (for ref. Reichlin 1974) inhibits episodic GH secretion in the rat (Vape III) an inhibition that can be reversed

by anti serum to GHIF (Tannenbaum et al 1978) Insulin induced hypoglycemia has however been shown to cause GH release in rats anaesthetized with gamma-hydroxybutyrate (GHB) This GH release can be blocked by  $\alpha$ -MT (Blust-Pajot and Schaub 1976) It might be speculated on that the different response to unspecific stress in the rat compared to man is due to differences in the regulation of GHIF secretion and that GHB anaesthesia inhibits the secretion of GHIF in the rat.

GHIF also seems to play an important role in the regulation of physiological episodic GH secretion in the rat (Forland et al 1976) as well as in other species (Steiner et al 1978) A possible role for  $\alpha$ -adrenergic receptors could be to inhibit GHIF release. In line with this assumption is that clonidine partially reverses stress-induced inhibition of GH secretion in the rat (Edén and Modigh unpublished observations). The finding that GH secretion still is episodic in rats treated with antisera to GHIF (Forland et al 1976) indicate that GH secretion in the rat is also under dynamic control of stimulatory factor (GHRF). An alternative role for  $\alpha$ -adrenergic receptors could then be to stimulate the release of GHRF. In view of the sustained complete inhibition of GH secretion by reserpine, MA itself could possibly be a GHRF. In rats with complete hypothalamic deafferentation GH secretion is still episodic (Willoughby et al 1977). The hypothalamic island of these animals lack MA (Weiler et al 1972) but MA can reach the pituitary and the basal hypothalamus from peripheral source (Fuxe and Hillarp 1964). A direct effect of MA on the pituitary could thus explain differential effects of treatment with reserpine and complete hypothalamic deafferentation on episodic GH secretion. Factors other than MA can however stimulate GH secretion in the rat since electrical stimulation of the VMH induces a GH release that cannot be blocked by phenoxybenzamine (Martin et al 1978). Thus the precise role of MA neurons in regulation of episodic GH secretion in the rat remain to be established.

Besides the MA neurons dopaminergic and serotonergic mechanisms might to some extent be involved in GH regulation (for review see Martin et al 1978). Also neurotransmitters other than the monoamines may be important since agents such as picrotoxin, gamma-amino isobutyric acid antagonist and atropine have been shown to interfere with normal episodic GH secretion in the rat (Martin et al 1978). The complexity of the mechanisms involved in GH regulation is further illustrated by the finding that administration



of chl promazine to methamphetamine induced rat induce GH release whereas L-Dopa causes a GH suppression (Kato et al 1973) Further in cromegaly there is suppression of elevated GH level by L-Dopa, apomorphine and bromocryptine (long-acting DA receptor agonist) These agent induce GH release in normal subject The inhibitory effect of DA-receptor agonist on GH secretion in cromegaly has recently been suggested to be mediated by direct effect on DA receptors located in the pituitary (for ref Mill et al 1977)

Further studies are thus required to elucidate the neural control of episodic GH secretion The present experiments do however indicate that pharmacological agent known to modify central neurotransmission can be used to further elucidate these questions Moreover drug such as reserpine can be used to inhibit episodic GH secretion for prolonged period of time under controlled condition Specific inhibition of GH secretion might be valuable in studies on the relationship between episodic GH secretion and intermediary metabolism Further increased knowledge of the mechanisms controlling GH secretion can be helpful in the evaluation of the alterations associated with mental disorders (for ref INTRODUCTION)

Increased sensitivity of monoamine receptors involved in GH regulation after ECS - possible clinical implication Electroconvulsive therapy (ECT) is an effective treatment in severe depressive illness (The Royal College of Psychiatrists 1977) The mechanism(s) behind the therapeutic effect is however unknown Evidence for long-lasting increase in sensitivity of postsynaptic DA and 5-HT receptors after ECT has recently been found in behaviour experiment on animal (Modigh 1975 Evans et al 1976 for ref Grahame-Smith et al 1978) These postsynaptic effects of ECT might well be related to the clinical effects of the treatment in view of the well known monoamine hypothesis of affective disorders (for ref Schildkrout 1965)

In the present experiments GH release induced by the combined treatment with apomorphine and lisdine administered 4 h after reserpine injection was markedly enhanced in animal pretreated with ECS Subsequent studies have further shown that GH release after combined treatment with lisdine and 5-HTP given to reserpine-treated animal is enhanced after pretreatment with ECS (Roll et al 1978) indicating that ECS also has an

influence on the 5-HT receptors involved in GH regulation

In view of these results it seems likely that the measurement of GH release induced by monoamine receptor agonists before and after ECT might provide a model for studying the postsynaptic effect of ECT in a clinical situation. It may then be possible to clarify if any changes in monoamine receptor sensitivity can be correlated to the therapeutic effect of the treatment. In this context it is also interesting that the GH release seen after various treatments which stimulate CA receptors has been shown to be diminished in patients with affective disorders (Sachar 1975 Matussek et al 1977) indicating a change in CA receptor sensitivity involved in GH regulation in patients with affective disorders.

**GH regulation during development** An increase in plasma GH levels during fetal life and the subsequent decline has been observed in several species such as the rabbit (Garia and Geschwind 1968) sheep (Basat et al 1971) mouse (Sihra et al 1972) dog (Tushima et al 1970) pig (Switek et al 1968) rat (Riut et al 1974) and human (Kaplan et al 1976), and is probably a generalized phenomenon. Kaplan et al (1976) suggested that the high levels of GH in plasma during fetal life and the early neonatal period are due to unregulated stimulation by GHRF reaching the pituitary by diffusion or by primitive vascular connections between the hypothalamus and the pituitary. Walker et al (1977) ascribed the high levels of GH during this period of life to lack of inhibitory control from the hypothalamus. In the levels of GHIF in the hypothalamus of rats were low during the first day of life. On the other hand Riut et al (1974) observed a marked suppression of GH level in plasma of newborn rats. Furthermore, there is also evidence to be associated with a suppression of GH levels in plasma of rats 4 days old (Stroessner and Mialhe 1975) indicating that an inhibitory control system of GH secretion has developed at this age.

Like the catecholamines MA and DA are detectable in the brain at 15 days of gestation and the high affinity uptake process of MA in synaptosomes can be demonstrated from 18 days of gestation (for ref Coyle 1977). Behavioral and biochemical experiments have shown that MA plays a role to develop very early developing and behavioral responses to  $\alpha$ -adrenergic receptor agonists can be demonstrated in rats.

1 day of age (Kellogg and Lundborg 1972) Thus  $\alpha$ -adrenergic mechanisms may be involved in GH regulation in the fetus and during the early neonatal period resulting in high level of GH in plasma. With the maturation of their neurotransmitter functions in the hypothalamus an inhibitory control system seems to develop. The generalized changes in GH secretion might thus reflect maturation of the CNS.

In the rat there is rapid increase in plasma GH levels in both females and males during the prepubertal period (Di Kerman et al 1972, Ojeda and Jameson 1977). The results from the present study demonstrate that this increase is due to increases in peak concentration of GH in the GH surge and to elevated "basal level". The cause of the increase in plasma peak levels of GH during this period is unclear. Plasma level of prolactin shows similar increase during the prepubertal period in the rat whereas there are no major changes in plasma level of LH, FSH and androgens.

(Dobler and Wuttke 1975). It has even been suggested that GH and prolactin are important in the initiation of puberty (Ojeda and Jameson 1977). Hypothesis that might be supported by the finding that GH treatment to individual with isolated GH deficiency and delayed puberty result in sexual maturation (Sheikhollahi and Stenflo 1972). Interestingly in the growing child the secretory pattern of GH is similar to that of the prepubertal rat. The GH is secreted intermittently with frequent peaks in the plasma concentration of the hormone (Plattick et al 1973).

Sex differences in the regulation of GH secretion. Gonadal steroids have been shown to influence GH secretion. In man the GH response to various stimuli is enhanced after treatment with testosterone (Martin et al 1968, Illig and Prada 1970) or estrogen (cf. ref. Reichlin 1974). Also physiological GH secretion is influenced by gonadal steroids. A stimulatory effect of androgens on GH secretion is indicated by the higher integrated concentration of GH (ICGH) in plasma of women taking oral contraceptives than in control group of women and in premenopausal women compared to postmenopausal women (Thompson et al 1974). Recently Devi et al (1977) found that castrated rats had significantly lower peak concentrations of GH than control and treatment of the castrated rats with either androgens or androgens restored pulsatile GH secretion to normal.

There does however not appear to be any major differences in the secretory pattern of GH during the estrus cycle in the rat (Saunders et al 1976 Edén unpublished observations) indicating that the effects of gonadal steroid on GH secretion are slow in onset. In most of the studies in which an influence of gonadal steroids has been observed the steroids were given in vivo for prolonged period of time (Martin et al 1968; Illig and Funder 1970; Dickerman et al 1972; Thompson et al 1974). Indeed changes in brain monoamine synthesis have been observed after gonadectomy but not until several weeks after the operation (Engel et al 1978). Moreover the DA content in the MC changes after gonadectomy but only 4 - 5 weeks after the operation (Gudely et al 1977). These findings might offer an explanation for the difference in the secretory pattern of GH between female and male rats during the prepubertal period observed in the present experiments (Page IV). This change in GH secretion does not seem to be related to change in circulating levels of gonadal steroids (Dahl and Wuttik 1975). Level of androgen are however high in males than in females during the early neonatal period. It has been shown that female treated with androgens during this period of life do not develop normal menstrual cycles (for ref Barr 1966). Such "masculinization" of the brain may also be involved in the regulation of the secretory pattern of GH. Thus in the long term gonadal steroids may influence the neural mechanisms involved in the regulation of episodic GH secretion which might explain the sex difference in the secretory pattern of GH.

Age- and sex-related differences in the secretory pattern of GH in relation to somatic growth

The physiological significance of the high circulating levels of GH during life and the early neonatal period is not clear. Absence of GH produces little change in fetal growth (for ref Check and Hill 1974). In man GH deficiency is associated with growth retardation during the first year of life (Basal et al 1965; Rimoin et al 1968). In the rat growth continues to normal rate for several days after hypophysectomy when the portion of pituitary gland is removed at 6 days of age. The growth rate then gradually declines and completely ceases after 4 weeks (Walke et al 1950). In this context it is interesting that this is far from normal rats gradually develop responsive to the stimulating effect of exogenous GH on protein synthesis.

and amino acid uptake during the first weeks of life (Albertsson-Wikland and Isaksson 1976, Mitting 1976). The significance of these observations in relation to the importance of GH for normal growth is however not clear.

Prior to the prepubertal period there is no difference in body weight gain between male and female rats. A sex difference in body weight gain develops concomitantly with a marked difference between male and female rats in the increase in number of nuclei in the muscle mass (Cheek *et al.* 1971). The development of a sex difference in the pattern of increase in nuclei in skeletal muscle is similar in man (Cheek and Hill 1970). In the rat these differences between the sexes in somatic growth seem to appear concomitantly with the development of differences in the secretory pattern of GH between females and males (Paper IV). If there are similar differences in the secretory pattern of GH between girls and boys remain to be established.

Other factors than GH might of course be important for the development of differences in somatic growth between the sexes. The pubertal growth spurt has thus been ascribed to an increased secretion of testosterone (Thompson *et al.* 1974). GH is however necessary for the normal pubertal growth spurt and it has been suggested that the enhanced growth during puberty in boys is due to the stimulatory effect of androgen on GH secretion (Zachman and Prader 1970). Estrogens on the other hand interfere with the peripheral actions of GH (Schwartz *et al.* 1969). Therefore the stimulation of GH secretion by estrogen has been thought to be ineffective due to the antagonism between the hormones in the periphery (cf. ref. Cheek and Hill 1974). The observation in the present study (Paper IV) that the difference in growth rate between male and female rats starts before the expected increase in androgen secretion in males (Knorr *et al.* 1970, Döhl and Wuttke 1975) indicates however that the development change in the secretory pattern of GH to some extent might be involved in the development of sex differences in somatic growth and body composition.

With increasing age male rats continue to grow faster than female. Males continue to secrete GH in regular pulsatile pattern whereas the secretory pattern in female becomes irregular with lowered trough level and lower peak level. Mean level of GH in plasma are not

lower in females indicating a poor correlation between mean levels of GH and growth rate (Paper IV). Also in the mouse there seems to be a similar difference in the secretory pattern of GH between males and females (Silman et al 1977). In man the ICGH is higher in premenopausal women than adult men (Thompson et al 1974). If there is a significant difference in the secretory pattern of GH between the sexes in man remains however to be established. In older subjects age-associated GH secretion as well as the secretory rate of GH decrease (for ref. Quabbe 1977). Also in the rat GH levels in plasma seem to decrease as the animal reaches its growth plateau (Dickerman et al 1972. Edén Janzon and Fellenius unpublished observations).

A secretory pattern of GH with high intermittent peaks in plasma concentration seems to be associated with high growth rate and protein anabolism. Hypothetically sex difference in somatic growth and body composition and the change in body composition toward more stabolic state with increasing age might in part be related to the secretory pattern of GH.

Relationship between episodic GH secretion and intermediary metabolism

The results from the present study suggest an important relationship between the secretory pattern of GH and intermediary metabolism. It is however not clear if GH acts directly on target tissues or if all or some of the effects of GH are mediated by serum factors. Somatomedin, a family of polypeptides present in plasma produced in response to GH. It is well established that pituitary GH exerts direct effects on intermediary metabolism in several tissues and that these effects differ qualitatively from the insulin-like effects of somatomedin (Uthne et al 1974. Schwartz and Goodman 1976). The most convincing evidence of somatomedin as mediator of the effects of GH has been that GH in vitro has poor effects on tilapia when somatomedin in vitro readily stimulates lipolysis incorporated into the lipid emulsion. It is isolated tilapia originally observed by S. Lomon and D. Upadhyay (1957). Somatomedin has however not been shown to stimulate somatic growth when given in vivo (Uthne 1975. Thorngren et al 1977). Though somatomedin has marked effects on intermediary metabolism, we still use the role as mediator of the effects of GH is not fully established.

Pituitary GH stimulates anabolic processes in several tissues (for ref Kostyo and Nutting 1974) and it seems likely that also GH secreted from the pituitary stimulates anabolic processes in peripheral tissues. Tissue responsiveness to exogenous GH decreases however after previous exposure to the hormone (Ahrén and Rjalmarsson 1968; Goodman 1968). Recently Isaksson et al (1978) reported a diurnal variation in the responsiveness of the diaphragm muscle of 30 day-old female rats to the stimulating effect of exogenous GH on protein synthesis. Thus tissue responsiveness to endogenous surge of GH may not probably also undergo change. This concept is further supported by the finding of age related changes of responsiveness to exogenous GH in the rat (Albertsson-Wiklund and Isaksson 1976; Nutting 1976). In the present study it was found that exogenous GH stimulated protein synthesis in diaphragm muscle of rats 6 h after hypophysectomy or sham operation indicating that low level of GH in plasma a few hours made the tissue responsive to stimulation by the hormone (Paper V). Moreover recent experiments in our laboratory have shown that exogenous GH stimulates protein synthesis in 18 day-old female rats but this effect lasted only a few hours (Albertsson-Wiklund and Isaksson 1978). The long duration of the anabolic effect of exogenous GH reported in studies on hypophysectomized animals might thus be due to the chronic lack of the hormone and the effect of GH on protein synthesis in the normal animal might have a shorter duration. These findings based on in vitro experiments are in line with the view that intermittent secretion of GH with high peak and low level between peaks may be of crucial importance for the anabolic effect of GH. Further experiments correlating specific metabolic responses to surge of GH in plasma are however required to substantiate this hypothesis.

## SUMMARY

A The role of biogenic amines in the control of growth hormone (GH) secretion was studied in unanesthetized unrestrained adult male rats with implanted intra-aortic cannulae. Administration of reserpine in a dose that effectively blocks neurotransmission in all types of monoaminergic neurons induced a complete inhibition of GH secretion. The inhibition of GH secretion could be prolonged with repeated administrations of reserpine. Selective inhibition of catcholamine synthesis by administration of  $\alpha$ -methyl-p tyrosine was associated with a partial inhibition of GH secretion. Haloperidol, a dopamine (DA) and noradrenaline (NA) receptor blocking agent, caused pronounced inhibition of GH secretion. Administration of p-chlorophenylalanine, which markedly reduced brain levels of 5-hydroxytryptamine (5-HT) and inhibited 5-HT synthesis, had no effect on GH secretion. Clonidine, an  $\alpha$ -receptor agonist, induced significant release of GH in rats pretreated with reserpine, whereas apomorphine, a DA receptor agonist, was ineffective in this respect. It is concluded that monoaminergic neurotransmission is a prerequisite for pulsatile GH secretion in the rat and that  $\alpha$ -adrenergic receptors are more important than DA and 5-HT receptors in the regulation of GH secretion in the rat.

The sensitivity of catcholamine receptors involved in GH regulation were studied in adult male rats after pretreatment with electroconvulsive shocks (ECS). Pretreatment with ECS had no significant effects on pulsatile GH secretion and GH secretion was completely inhibited after administration of reserpine in ECS pretreated as well as in control animals. The clonidine-induced GH release after elimination of reserpine was markedly enhanced by administration of apomorphine in ECS pretreated animals, but not in control animals, indicating an increased sensitivity in catcholamine receptors involved in GH regulation after pretreatment with ECS. It is suggested that studies on GH secretion might be used in a clinical situation to evaluate if there are changes in the sensitivity of monoaminergic receptors after electroconvulsive therapy.



C The secretory pattern of GH was studied in female and male rats during development. Plasma level declined from relatively elevated levels at 10-15 days of age (range: < 5-150 ng/ml) to low levels at 20 days of age (range: < 5-75 ng/ml). In 22 day-old rats there was no significant difference in the secretory pattern of GH between females and male. During the prepubertal period (25-30 day of age) a significant difference in the secretory pattern of GH was observed. In males (> 30 day old) GH was secreted in a regular episodic pattern with high peaks in the concentrations of GH occurring at regular 3-4 h intervals. Between peak levels were low and often below the detection limit of the assay. In 30 day-old females peak levels were lower compared to 30 day-old male. In older females (> 45 day) peaks occurred at irregular frequent intervals and between peaks levels were often elevated compared to male. The sex difference in the secretory pattern of GH developed concomitantly with a decrease in rates in the body weight gain curve in male. Hypothetically the difference in growth rate between female and male after the prepubertal period might partially be related to differences in the secretory pattern of GH.

D The responsiveness of the intact rat diaphysa to exogenous GH was studied at short time-interval after hypophysectomy. The parameters determined were amino acid transport as assessed by the intracellular accumulation of the non-utilizable amino acid AIB and protein synthesis as assessed by the incorporation of labelled phenylalanine into protein. GH in vivo was without effect on any of the two parameters in normal animal. Six hours after hypophysectomy GH in vitro significantly stimulated both amino acid transport and protein synthesis indicating that the tissue responsiveness to the effect of GH was developed a few hours after elimination of endogenous GH. The results of these experiments are interpreted in relation to earlier observations concerning changes in tissue responsiveness to GH with time. A hypothetical relationship between changes in tissue sensitivity and pituitary GH secretion is discussed.

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# Central Monoamine Metabolism and Neonatal Oxygen Deprivation

An experimental study in the rat brain

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# **Central Monoamine Metabolism and Neonatal Oxygen Deprivation**

An experimental study in the rat brain

By

Thomas Hedner

Göteborg 1978

The present study is based on the following papers which will be referred to by their Roman numbers

- I Hedner T and Lundborg P (1978): Regional changes in monoamine syntheses in the developing rat brain during hypoxia  
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- II Hedner T and Lundborg P (1978): Catecholamine metabolism in neonatal rat brain during anoxia and recovery  
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- III Hedner T and Lundborg P (1978): Serotonin metabolism in neonatal rat brain during anoxia and recovery  
Submitted for publication Acta physiol scand
- IV Hedner T Lundborg P and Engel J (1978): Biochemical and behavioral changes in 4 weeks old rat brain after neonatal oxygen deprivation  
Submitted for publication Pharmac Biochem Behav
- V Hedner T and Lundborg P (1978) Survival of neonatal rats during hypoxia after central monoamine receptor stimulating agents  
Submitted for publication Pharmac Biochem Behav

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## INTRODUCTION

### 1.1 Perinatal asphyxia

Oxygen deprivation is one of the most common and damaging conditions affecting the human brain. While cerebral oxygen lack is a catastrophic event in the adult, it is somewhat less so in the immature organism with a developing nervous system. This is due to a higher resistance to hypoxia, anoxia, and ischemia (Jillek et al. 1970).

Clinical investigations have shown that there exists an inverse correlation between symptoms of perinatal asphyxia as measured by Apgar score of the newborn and the relative frequency of neurological abnormalities of the child (Drage and Berendes 1966). Severe intrapartum asphyxia has further been associated with lowering of mean IQ scores at 4 years of age (Berendes 1967). It has also been suggested that early childhood behavioral disorders, such as the so-called "minimally brain dysfunction syndrome", in some cases may have perinatal oxygen deprivation as an underlying factor (Clements 1966, Towbin 1971, Handford 1975, Wender 1974).

Experimental animal studies have demonstrated that different forms of severe oxygen deprivation, such as hypoxia, anoxia, or ischemia, have one common neuropathological denominator (Brierly et al. 1973). These neuronal changes found in many parts of the brain include: microvacuolation, swelling of mitochondria, enlargement of extracellular space, swelling of endoplasmic reticulum, Golgi changes, loss and lumping of synaptic vesicles, and also swelling of astrocytes (Spielmeyer 1922, McGee-Russell et al. 1970, Brierly et al. 1973, Salford et al. 1973). However, not all regions of the brain are equally involved, but neuronal alterations are found in areas which appear to exhibit "selective vulnerability" to oxygen deprivation (Brierly et al. 1973). In the adult animal, involvement is generally found in the cerebral cortex, hippocampus, amygdaloid nucleus, cerebellum, and the brain stem. The spinal cord is resistant, while involvement of the thalamus

striatum pallidum and subthalamic nucleus is variable (Brierly et al 1973)

In the neonatal period oxygen deprivation seems to result in two different patterns of brain damage this depending upon whether the insult is a brief acute episode of total asphyxia or a more prolonged partial disruption of the oxygen supply (Myers 1972). A total asphyxia up to 20 min in the monkey induces a highly reproducible pattern of injury involving structures in the brain stem. The cerebral cortex and the basal ganglia are damaged very late in the process or not at all. In contrast to this a prolonged partial asphyxia results in morphologic changes involving hemispherical structures and occasionally the basal ganglia (Myers 1972). The type of injury seen after prolonged asphyxia resembles the pattern of injury seen typically in the human neonate. In contrast to the injury found after a short period of total oxygen deprivation.

Under normal circumstances the preponderant portion of cerebral energy is supplied through oxidative reactions in which oxygen is required. As a consequence oxygen deprivation causes rapid and profound alterations in metabolic activity. Cerebral function thus ceases after brief periods of oxygen deprivation mainly due to the high energy demands of the brain. During oxygen insufficiency anaerobic glucose metabolism provides the principal energy source and survival is related to energy production (see Cohen 1973). The decreased survival time during hypoxia or anoxia has been related to cardiac impairment as well as cerebral involvement (Brockman and Jude 1960; Miller and Myers 1970). In the immature animal the resistance is greater to oxygen deprivation than in the adult (Jilek 1970). One explanation to this finding may be a lower cerebral metabolic rate (Berlet 1976). The increased capacity for anaerobic metabolism in the neonatal animal may also contribute to the increased resistance as inhibition of the glycolytic cycle decreases survival and administration of glucose prior to anoxia increases survival (Hawwich et al 1942).

All energy produced in the brain under normal circumstances results from three interrelated phases of glucose metabolism: (1) glycolysis (2) tricarballic acid cycle (Krebs cycle, citric acid cycle) metabolism (3) electron transport system (see Cohen 1973).

Glycolysis proceeds either aerobically or anaerobically although oxygen is not required for the initial degradation of glucose. The endproduct of aerobic glycolysis is pyruvate which enters into oxidative metabolism. Small amounts of pyruvate is however reduced to lactate and in the absence of oxygen all pyruvate formed

is reduced to lactate. When oxygen is present glycolysis is inhibited (Pasteur effect) while in its absence there is augmentation of glycolytic activity with increased formation of lactic acid (see Cohen 1973). Thus increasing concentrations of cerebral pyruvate as well as lactate are noted with increasing anoxia (Lowry et al 1964, Vannucci and Duffy 1976). The intracellular accumulation of lactate produces a marked local acidosis (Kosik et al 1970). Initially the rise in lactate concentrations is rapid while the levels diminish slowly after anoxia (Vannucci and Duffy 1976). In contrast to this the levels of glucose and pyruvate increase markedly immediately following anoxia before a gradual decline is noted (Vannucci and Duffy 1976).

Pyruvate formed through glycolysis is further metabolized through the tricarboxylic acid cycle. It is decarboxylated to acetate which reacts with coenzyme A to form acetyl coenzyme A. This compound condenses with oxaloacetate to form citric acid (see Cohen 1973). Although iterations of tricarboxylic acid metabolism and its involved enzymes have been studied minimally, the activity of succinate dehydrogenase, malic dehydrogenase and glutamate dehydrogenase is known to decrease during severe oxygen deprivation (MacDonald and Spector 1963, Spector 1963a, Spector 1963b).

Reductions of carrier compounds within the electron transport system occur during oxidative tricarboxylic acid cycle activity. The reduced carriers are re-oxidized and the electron is given up for passage to the next compound in the chain. At the end of the electron passage there is combination with oxygen and water is formed. The reactions of the carrier compounds of the electron transport system are the major sources of energy formation.

The energy derived from these various sources resides in the high energy compound adenosine triphosphate (ATP). Energy for cerebral processes is released from ATP through dephosphorylation of the terminal phosphate and adenosine diphosphate (ADP) and inorganic phosphate is formed. Nervous system energy requirements vary with neural activity and do not completely parallel supply. Transfer of the terminal phosphate of ATP to creatine to form phosphocreatine allows for some storage of energy in the latter compound. Under conditions of high demand the high energy phosphate is returned to ADP thus forming ATP (see Cohen 1973).

Oxygen deprivation interferes with high energy phosphate synthesis in the electron transport system. Under these circumstances there is a rapid decrease in the concentrations of energy-rich compounds (Vannucci and Duffy 1976). Generally

phosphocreatine concentrations change prior to alterations in cerebral ATP due to its function as a storage compound (Lolley and Sanson 1962 Vannucci and Duffy 1976) Following anoxia the levels of these energy-rich compounds are rapidly restored (Vannucci and Duffy 1976)

Significant alterations in cerebral hydrogen ion concentrations have been observed with oxygen deprivation During ischemia and anoxia the pH falls (Thorn and Helleson 1954 Vannucci and Duffy 1976) and it has been suggested that the early effect of anoxia on metabolic systems is due largely to increasing acidity (Hall 1966)

Anoxia is also associated with changes in sodium and potassium concentrations and these changes may exert secondary effects on cerebral metabolism With decreasing  $O_2$ -tensions extracellular sodium decrease while potassium concentrations increase in the young as well as in the adult brain (Meyer et al 1965 DeSouza and Dobbing 1973 Hansen 1977)

Alterations in neurotransmitter metabolism other than monoamine metabolism have been studied minimally However available data indicate that cerebral acetylcholine content and synthesis is depressed during oxygen deprivation (Welsh 1943 Gibson and Bloss 1976) In contrast to this the levels of the inhibitory neurotransmitter gamma amino butyric acid (GABA) increase during ischemia in the neonatal as well as in the adult brain (Lust et al 1975 Jilek 1970)

Although the cerebral metabolic response to oxygen deprivation is extensive neurological deficits precede the depletion of energy-rich phosphates (Slesjö and Zwetnow 1970 a Slesjö and Zwetnow 1970 b Duffy et al 1972) Behavioral symptoms in animals as well as in man are found at an early stage during oxygen deprivation (Meier 1971) In general it seems the complex higher mental processes are the first to suffer from the oxygen deficiency whereas the simpler and more peripheral processes are unaffected until most extreme oxygen deprivation is reached Thus symptoms include e.g motor incoordination impaired attention and concentration initial euphoria followed by depression and irritability (Bagby 1921 Dunlop 1918 Johnson and Pascal 1920 Lawson 1923) Similarly animal experiments show that acute exposure to low oxygen concentration causes deterioration in open field behavior (Hurder 1951 Thomson and Pryor 1956 Vachar and Miller 1968) and operant behavior (Seitz and Keller 1940 Hurwitz et al 1971) In the adult clinical and experimental studies demonstrate longterm behavioral sequelae (depression and amnesia or impairment of locomotion and visual discrimination respectively)



after profound oxygen lack (Allison 1950 Nicholson et al 1970). In contrast to the adult form of deprivation the likelihood of oxygen deprivation during fetal and neonatal life is high and has been a matter of considerable research interest. Thus learning impairment and early childhood behavioral disorders have been associated with periods of perinatal oxygen lack (Berendes 1967 Towbi 1971 Wender 1974).

## 1.2 Central monoaminergic neurons

### 1.2.1 Distribution

The cell bodies of the monoamine containing neurons are, with few exceptions, located in the lower brain stem, i.e. mesencephalon, pons and medulla oblongata (see Fuxe et al 1970). Some short noradrenaline (NA) and 5-hydroxytryptamine (5-HT) neurons also have their nerve terminals within the lower brain stem. Other NA and 5-HT neurons, the bulbospinal group, form descending pathways with nerve terminals in the ventral, dorsal and lateral horns of the grey matter in the spinal cord. The major part of the monoamine neurons form ascending pathways from the lower brain stem. Among these NA neurons form a central pathway with terminals in the diencephalon, e.g. hypothalamus and the septal area. A dorsal NA pathway originates from nerve cells in the locus coeruleus, terminating in the neocortex, hippocampus and cerebellum and several other areas of the brain where it overlaps with the central pathway (see Fuxe et al 1970).

The major pathways of dopamine (DA) neurons ascend from the substantia nigra to the corpus striatum (nigro-striatal pathway) and from their cell groups in the mesencephalon to the nucleus accumbens and other parts of the limbic forebrain (meso-limbic pathways) (see Fuxe et al 1970).

The 5-HT neurons form pathways mainly arising from cell bodies of the raphe nucleus in the mesencephalon ascending in the medial forebrain bundle, terminating in the limbic forebrain, the hypothalamus, the corpus striatum and the neocortex (see Fuxe et al 1970).

Recently evidence for the existence of adrenaline neurons in the CNS has emerged (Hökfelt et al 1973 Hökfelt et al 1974). These neurons have their cell bodies in the lower brain stem and their terminals in the spinal cord, the lower brain stem, the locus coeruleus and the hypothalamus.

## 1.2.2. Synthesis, storage and release

The first step in the synthesis of catecholamines (CA) is the hydroxylation of the amino acid L-p-tyrosine to L-3,4-dihydroxyphenylalanine (L-DOPA) by the enzyme tyrosine hydroxylase (Blascho 1939; Nagats et al. 1964). This highly specific step (Udenfriend et al. 1965) appears to be the rate-limiting reaction in the synthesis of CA under normal conditions (Levitt et al. 1965). In the adult rat tyrosine hydroxylase appears to be saturated to about 75% (Carlsson and Lindqvist 1973). This reaction seems to occur in the cytoplasm of the catecholamine neurons (Laduron and Belpaie 1968). Tyrosine hydroxylase is competitively inhibited by  $\alpha$ -methyltyrosine and a few other tyrosine analogues (see Udenfriend 1966). The next step, the decarboxylation of L-DOPA to DA, is catalyzed by aromatic L-amino acid decarboxylase, a widely distributed and much less specific enzyme (Holtz et al. 1938; Rosengren 1960; Lovenberg et al. 1962). This reaction is supposed to occur in the cytoplasm (Hagen and Cohen 1966; Molinoff and Axelrod 1971). Aromatic L-amino acid decarboxylase can be inhibited by e.g. 3-hydroxybenzylhydrazine (NSD 1015) (Carlsson et al. 1972). NSD 1015 can be used to study the *in vivo* activity of tyrosine hydroxylase (and tryptophan hydroxylase) as the intermediate amino acids (DOPA and 5-hydroxytryptophan respectively) accumulate in a linear manner the first 30 min after decarboxylase inhibition. These intermediates seem to accumulate intraneuronally and are not appreciably metabolized or transported from the region studied (Carlsson et al. 1972). The enzyme DA- $\beta$ -hydroxylase, which is localized in the storage granules (Krechner 1959), is responsible for the conversion of DA to NA (Levin et al. 1960). This enzyme is far from specific and catalyzes the hydroxylation of several other phenylethylamine derivatives to their corresponding ethanolamines (Carlsson and Lindqvist 1962; Carlsson and Lindqvist 1967).

The synthesis of 5-HT proceeds from the amino acid precursor L-tryptophan. This amino acid is converted to L-5-hydroxytryptophan (5-HTP) by the enzyme tryptophan hydroxylase (Udenfriend et al. 1956) and this reaction appears to be the rate-limiting step in the 5-HT synthesis. The enzyme, which probably is specific for L-tryptophan, appears to be about half-saturated with its amino acid substrate (Carlsson and Lindqvist 1978). This enzyme (as well as tyrosine hydroxylase) utilizes molecular oxygen as a co-substrate (Costa and Neff 1970; Daly et al. 1968). The next step, which forms 5-HT, is the decarboxylation of 5-HTP by the aromatic L-amino acid decarboxylase (*vide supra*).

The newly formed transmitter amines synthesized in the monoaminergic neurons are largely taken up and stored in granules located in the enlargements (varicosities) of the nerve terminals. The granular storage of these amines is probably essential for the release of transmitter induced by nerve impulses (see Malmfors 1965 Häggendal and Malmfors 1969 Andén et al 1969 Winer 1970 Dahlström et al 1973 Smith 1973). Different mechanisms are present for terminating the actions of the released transmitters. Probably the most important under physiological conditions is reuptake into the presynaptic nerve terminals followed by catabolism or reuptake into granules (see e.g. Andén et al 1969 Carlsson 1970 Iversen 1970). The CA are enzymatically inactivated intraneuronally by monoamine oxidase (MAO) and after release into the synaptic cleft mainly catabolized by the enzyme catechol-O-methyl transferase (COMT) (see Jonason 1969). 5-HT is chiefly catabolized both inside and outside the 5-HT neurons via MAO (see Blaschko and Levine 1966).

### 1.2.3 Ontogenesis

The ontogenesis of the central nervous system is a complex process involving cell multiplication, cell migration, outgrowth of neuronal processes and synaptogenesis (Hirsh 1970). Brain growth is not a uniform process, but rather an irregular maturation of certain populations of neurons and brain regions. As a consequence, there is a constantly shifting pattern of neuronal relationships during the developmental period (see Coyle 1973). The developmental patterns of whole brain monoamine contents and enzymes involved in their synthesis and metabolism is highly species dependent. While the guinea pig and chick, who are relatively mature at birth, have nearly adult brain contents of monoamines, the rat, mouse, cat, rabbit and man, who are born relatively immature, have correspondingly low brain amine levels at birth (see Thornburg and Moor 1976). From histological, biochemical and physiological studies it is apparent that the central monoamine neurons are present at a very early stage in the mammalian brain (see Thornburg and Moor 1976). Although these neuronal systems develop mechanisms for synthesis and storage at a very early stage during ontogeny, the brain levels of DA, NA and 5-HT in the rat increase progressively with age and do not reach adult levels until several weeks after birth or as in the case of DA, not until adult life (see Thornburg and Moor 1976). This progressive increase in central monoamine neurotransmitter levels with age is probably a consequence of the centrifugal outgrowth of axons and terminal from the cell bodies in the lower brain stem (Lotzow 1969 Lotzow 1972).

The maturation of the DA, NA and 5-HT content in the rat brain progresses in a distinct caudal to rostral direction (see Thornburg and Moore 1976). Analysis of amine content in the whole rat brain suggests that the sequence of development of DA is somewhat delayed compared to that of NA and 5-HT (see Thornburg and Moore 1976). Available data also indicate that both NA and 5-HT containing neurons become functional (i.e. impulse-conducting) at an earlier age than DA-containing neurons (Kellogg and Lundborg 1972 a, Kellogg and Lundborg 1973).

The activities of the first and rate limiting enzymes of the catecholamine and indoleamine pathways, tyrosine hydroxylase and tryptophan hydroxylase respectively, have been detected in the rat brain during late gestation (Schmidt and Sanders-Buch 1971, Coyle and Axelrod 1972 a, Coyle and Axelrod 1972 b). The increases in enzyme activities during development closely parallel the levels of their corresponding amines (see Thornburg and Moore 1976). Analysis of the regional distribution of tyrosine hydroxylase and tryptophan hydroxylase in the rat brain indicates that the maturation of these enzymes also proceed in a caudal to rostral direction (Deguchi and Barchas 1972, Coyle and Axelrod 1972 b). Thus, adult values for the respective enzymes were attained much earlier in the brain stem compared to e.g. the corpus striatum and hemispheres (Coyle and Axelrod 1972 a, Coyle and Axelrod 1972 b, Hedner and Lundborg in manuscript). The developmental pattern of aromatic L-amino acid decarboxylase resembles that of many other brain enzymes, i.e. a sharp rise in enzyme activity at birth followed by a slight fall and then a gradual rise to adult activity at about 6 weeks of age (Bennet and Glanman 1965). The maturation of the two degradative enzymes, MAO and COMT, proceed in a disharmonious way. MAO activity in the rat brain increases after birth to attain adult values at the third or fourth postnatal week. Regional studies also suggest a caudal to rostral pattern of development (Bennet and Glanman 1965, Porcher and Heller 1972). In contrast to this, COMT is similar in all brain regions and equal or greater than adult activity throughout the postnatal period (Porcher and Heller 1972). The development of a storage mechanism in the catecholamine neurons seems to develop in parallel to the endogenous catecholamine content in the rat brain. The specific uptake mechanism at the neuronal membrane, however, occurs earlier than the development of the intraneuronal storage capacity (Coyle and Axelrod 1971). The developmental aspects of the high affinity neuronal membrane uptake system for 5-HT remains largely to be studied.

Yet little is known about the dynamics of the monoamine neuronal populations

In the CNS at various stages of development. However, studies of drug actions at DA, NA and 5-HT synapses indicate that the biochemical and functional differentiation precedes complete morphological differentiation (Lofou 1971, Kellogg and Lundborg 1972b, Lundborg and Kellogg 1974).

### 1.3 Aims of the present study

The principal aims of the experimental work in this thesis were:

- to study the effects of oxygen deprivation on catecholamine and serotonin metabolism in the neonatal rat brain
- to study the brain monoamine metabolism after immediate and late recovery from neonatal oxygen deprivation
- to study the effect of acute hypoxia on tyrosine hydroxylase and tryptophan hydroxylase activity in different brain regions in the neonatal and developing rat
- to study the correlation between the persistent biochemical and functional changes in the brain after severe neonatal oxygen deprivation
- to evaluate the effects of various monoamine stimulating agents on the survival time of neonatal rats during hypoxia

## METHODOLOGY

### 2.1 Subjects

Sprague-Dawley rats were used throughout the studies. Pregnant rats (16th–18th day of gestation) were obtained (Anticimex, Stockholm) and housed in the department in separate cages. The animals were kept under regulated dark/light conditions (light period 6 a.m. – 6 p.m.) and the time of delivery was noted with 12 h. Experiments were performed on the offspring at 1, 4, 14 and 28 days of postnatal age. All experiments started around 4 h after the onset of light.

### 2.2 Induction of oxygen deprivation

Hypoxia or anoxia was produced by passing oxygen and/or nitrogen gas (Aga

Sweden) through two gas flow meters (The Matheson Co. East Rutherford, N.J.) at a rate of 4 l/min into a 22-litre plastic cage for periods of 20 min, 30 min, 4-5 h or longer. The gas or gas mixture was let through the cage via inlet and outlet valves. Rubber gloves were mounted to the sides of the box to allow handling of the animals without disturbing the equilibrium of the system by opening the box. Experiments were performed after a 30 min equilibrium period. Control animals were kept in a similar open box exposed to room air. The cages were kept on a preheated ( $35-36^{\circ}\text{C}$ ) table and room temperature was at  $27^{\circ}\text{C}$ . At various intervals during the studies the oxygen content of the gas mixture was analysed.

In some studies (II, III, IV) the infant rats were returned to normal atmosphere at various intervals before decapitation, while in other experiments (I, II, III) the animals were decapitated immediately after the exposure to hypoxia or anoxia. 30 min before sacrifice all animals in which the brain was analyzed for monoamine precursors were injected with NSD 1015 (100 mg/kg).

## 2.3 Substances used

Apomorphine (Sandoz)

Clonidine HCl (Boehringer Ingelheim)

L-DOPA (Astra)

L-5-HTP (Höpfl)

NSD 1015 (Synthesized in this department)

## 2.4 Brain dissection

The rats were killed by decapitation. The whole brain (without olfactory lobes) was quickly removed and dissected on an ice-cold glass plate into the following parts: (1) Striatum including corpus striatum and limbic forebrain, (2) hemispheres including hippocampus, (3) diencephalon (midbrain) and (4) lower brain stem. Cerebellum was identified and discarded. Dopamine is the predominating catecholamine in part (1) and noradrenalin in parts (2), (3) and (4). Most of the 5-HT containing nerve cell bodies are found in part (4). For details of the dissection procedure see Carlsson and Lindqvist (1973).

Immediately after the dissection procedure the brain parts were frozen on dry ice. In the 4 days old rats 10 parts were pooled, in the 14 days old 4 parts and in the 28 days old 2 parts were pooled and weighed. In the experiments where the

whole brain was analyzed (II III IV) 4 brains were pooled from 1 day old animals while the brains of the 28 days old animals were analyzed separately. The brain samples were stored in a freezer at  $-70^{\circ}\text{C}$  in no case for more than 2 months.

## 2.5 Biochemical determination of monoamines and their precursors

After thawing the pooled brain parts of the whole brains were homogenized in 10 ml of 0.4 N perchloric acid containing 5 mg  $\text{Na}_2\text{S}_2\text{O}_5$  and 20 mg EDTA. The homogenates were centrifugated at about  $10000 \times g$  for 10 min at  $0^{\circ}\text{C}$  and the supernatant purified on strong cation exchange column (Dowex 50-X-40) (Atack and Magnusson 1978). The separated amines were analyzed spectrofluorometrically according to the following methods (see Atack 1977):

Tyrosin (Waalikes and Udenfriend 1957 Kehr et al 1972)

DOPA (Kehr et al 1972)

Dopamine (Atack 1973)

Noradrenalin (Bertler et al 1958)

Tryptophan (Bedard et al 1972 Kehr et al 1972)

5-HTP (Atack and Lindqvist 1973)

5-HT (Atack and Lindqvist 1973)

## 2.6 Behavioral assays

The acquisition of a conditioned avoidance response was measured by means of a two-way shuttle-box (IV). The rats were trained to avoid an electric shock (unconditioned stimulus UCS) with the sound of a house buzzer as warning stimulus (conditioned stimulus CS). In each trial the CS was presented for maximally 10 sec followed by the CS plus the UCS for another 10 sec. A conditioned avoidance response was defined as a crossing through the opening within 10 sec after the presentation of the CS. An escape was a cross within 10 sec after the shock (UCS) had been delivered. Prior to the first training session the rats were allowed to adapt to the shuttle-box for 30 min. Training sessions lasted for 20 min and consisted of 20 trials.

## 2.7 Statistical methods

For statistical evaluation Student's t-test or a non-parametric multivariate analysis

## RESULTS AND DISCUSSION

### 3.1 Acute effects of oxygen deprivation on catecholamine metabolism (11)

The susceptibility of the adult and the neonatal brain to hypoxia is generally greater than other organs due to its high demand for oxygen and continuous energy supply. In the adult rat brain, environmental oxygen concentrations of 7% or higher cause no apparent alteration in energy metabolism (MacMillan and Siesjö 1971) yet exposure to this degree of hypoxia produces behavioral disturbances (Hurdar 1951; Brown et al 1975). Recent studies on adult rats from these laboratories have correlated the behavioral disorders caused by hypoxia to alterations in the metabolism of the monoamine neurotransmitters in the brain (Davis and Carlsson 1973b; Brown et al 1975).

Investigations on neonatal (1 to 4 days old) and developing animals during hypoxia have demonstrated a marked decrease in the activity of tyrosine hydroxylase as measured by DOPA accumulation after decarboxylase inhibition by NSD 1015 (Hedner et al 1977a; Hedner et al 1977b; Hedner et al 1978). In the present study, complete anoxia for 20 min caused a reduction of DOPA accumulation by about 25% in the whole brain of the neonatal animal which is in parallel to the reduction found in 1-28 days old rats after 30 min of 6-12% hypoxia (Hedner et al 1977a; Hedner et al 1977b; Hedner et al 1978). In general, our previous studies have shown that tyrosine hydroxylase is markedly inhibited already at 12% environmental  $O_2$ , and as a rule, tyrosine hydroxylase activity decreased to about the same extent during the various hypoxic levels (6-12%  $O_2$ ) at all ages studied (Hedner et al 1978).

However, in our previous studies, when the period of hypoxia was extended from 30 min to 2 and 6 h, a restitution of tyrosine hydroxylase activity was found in the neonatal but not in the adolescent animals (Hedner et al 1977b). In the adult animals, similar adaptive changes occur when the exposure to hypoxia is prolonged further (36 h, 10%  $O_2$ ) (Davis 1975). This adaptation of brain catecholamine synthesis to hypoxia appeared to correlate with adaptive changes in brain tissue oxygen rather than any change in the intraneuronal regulation of amine synthesis. A more chronic exposure to a moderate hypoxic environment (12.8%  $O_2$ )



from birth until adulthood have shown that the activity of catecholamine synthesizing and catabolizing enzymes decrease in some brain areas and increase in others during this form of stress (Vaccari et al. 1978a). The differences in response to a short (30 min) and a more prolonged hypoxia (6 h) found in the neonatal but not in the older rats may be caused by a variety of factors such as e.g. changes over time in tissue oxygen tension, pH changes, shifts in the hemoglobin dissociation curve, late alterations in energy metabolism etc. The quicker restoration of enzyme activity during prolonged hypoxia in the neonatal animal may indicate that the catecholamine neuronal system in the neonatal rat brain may be more resistant to oxygen lack compared to the adult brain.

As the development of tyrosine hydroxylase activity in different brain regions does not proceed in a harmonious way, studies were performed to investigate possible regional differences in sensitivity to hypoxia in the neonatal animals. There were significant decreases during 30 min 6% hypoxia in all brain regions studied except for the hemispheres. At 28 days of age, DOPA accumulation after NSD 1015 decreased markedly in all regions. At 14 days of age a significant decrease was noted in hemispheres and midbrain but not in striatum and brain stem. It is not likely that the differences in response to oxygen deprivation between different ages and brain regions reflect qualitative alterations in tyrosine hydroxylase. The lack of effect in the hemispheres region at 4 days of age may be due to quantitative factors such as the lack of outgrowth of catecholamine neurons to this region at this stage of postnatal development (Loizou 1971). However, the differences in response could also be the result of other important maturational events occurring in the rat brain during development.

The results do not seem to talk in favour of differences in sensitivity to oxygen lack between NA and DA neuronal pathways as a principally NA-storing area (hemispheres) and a principally DA-storing area (striatum) seems to be equally affected.

Tyrosine levels which were measured in parallel to DOPA did in general not change during hypoxia and thus no apparent correlation between the levels of this precursor amino acid and the rate of tyrosine hydroxylation was observed during short period of anoxia or hypoxia.

The endogenous levels of the neurotransmitters DA and NA did not change in the neonatal rat brain during 20 min of anoxia. This may be explained by an inhibition of firing of catecholamine neurons during oxygen deprivation or a decrease

degradation of neurotransmitters. Studies performed on the adult rat brain during hypoxia have given support for both these explanations (Davis and Carlsson 1973 Brown et al 1975). Significant decreases in the endogenous levels of DA and NA in the adult brain during hypoxia have however previously been reported (Strupfel and Roffl 1961 Debijs et al 1969 Hurwitz et al 1971). In all of these studies however several hours to days of exposure were used to produce those changes. Thus before such changes in the actual amine levels can be identified pronounced alterations in their production and metabolism can be demonstrated at more subtle changes in oxygen availability. Apart from the extensive effects of hypoxia on tyrosine hydroxylase the third enzyme in the catecholamine synthesis pathway i.e. DA- $\beta$ -hydroxylase is also partly inhibited by hypoxia at least in the adult rat (Brown et al 1975). Furthermore the degradation of catecholamines in the adult rat brain has been found to be affected since the monoamine oxidase is partly inhibited by hypoxia (Brown et al 1975). The second enzyme involved in the catecholamine degradation i.e. COMT or the other non-oxidative steps in the catecholamine pathway do not seem to be influenced by acute hypoxia (Brown et al 1975).

### 3.2 Acute effects of oxygen deprivation on 5-HT metabolism (I III)

In accordance with tyrosine hydroxylase the enzyme tryptophan hydroxylase requires molecular oxygen for the synthesis of the new hydroxyl group of its neurotransmitter product. In vitro and in vivo studies suggest that the enzyme is not fully saturated with oxygen under normal conditions and an increase in enzyme activity occurs with increased availability of oxygen (Green and Sawyer 1966 Davis and Carlsson 1973 a). Using an in vivo technique developed in this laboratory (Carlsson et al 1972) a decrease in enzyme activity could also be demonstrated in the adult rat brain during hypoxia (Davis and Carlsson 1973 a Davis and Carlsson 1973 b Davis et al 1973).

Also in the neonatal animals we could demonstrate a decreased accumulation of brain 5-HTP after NSD 1015 the intermediate product in the indoleamine synthesis pathway after oxygen deprivation (Hedner et al 1977 a Hedner et al 1977 b Hedner et al 1978). Although a marked inhibition of tryptophan hydroxylase activity after 12% hypoxia occurred in all age groups studied the effect appeared to be somewhat less pronounced in the early postnatal period than later in development (Hedner et al 1977 a). When the environmental oxygen concentra-

tion was lowered from 12% to 8% and 6% a further decrease in enzyme activity was noted in only a few cases (Hedner et al 1978). When however the period of 12% hypoxia was prolonged to 6 h this resulted in a normalisation of enzyme activity or in the neonatal rats even a increased activity compared to controls (Hedner et al 1977 b).

Similar results have been obtained in the adult rat brain during exposure to similar levels of hypoxia for 36 h (Davis 1973). Exposure to chronic oxygen deficiency (high altitude 12-8%  $O_2$ ) in developing rats from birth to adulthood results in a disturbed brain neurotransmitter synthesis. The activity of tryptophan hydroxylase increased in some discrete brain areas and decreased in others during development (Vaccari et al 1978 a).

In the adult rat brain tryptophan hydroxylase has been shown to be dependent on the arterial oxygen tension (Davis et al 1973). At arterial  $O_2$  tensions below 60 mm Hg there was a decreased accumulation of cerebral 5-HTP after decarboxylase inhibition with NSD 1015. The decrease in tryptophan hydroxylase activity during acute hypoxia was noted before detectable changes in cerebral energy metabolism were evident (Davis et al 1973). Thus tryptophan hydroxylase appears to compete poorly with mitochondrial enzymes for available oxygen.

In the study on regional brain areas there was a marked decrease in 5-HTP accumulation after NSD 1015 in all brain regions (hemispheres, striatum, midbrain and brain stem) at all ages studied. The relative decrease in the different brain areas appeared to be similar for the various ages studied. The effect of hypoxia on 5-HT synthesis in these brain areas seemed to be more uniform than the effect of the synthesis of the brain DA and NA under identical conditions. The possibility that NSD 1015 induces changes in cellular energy production thereby making the tryptophan hydroxylase enzyme more sensitive to hypoxia cannot be excluded since slight changes in cerebral energy metabolism do occur after NSD 1015 administration (Davis et al 1973). Results similar to ours have however been achieved by means of other methodology (Tinklebank et al 1976). When 5-HT synthesis rate was estimated by means of MAO inhibition a decrease in synthetic rate by approximately 40% was found in neonatal rats asphyxiated to the point of death. Although different experimental models were used the results are in agreement with our findings.

The actual levels of the neurotransmitter precursor tryptophan were generally not affected during a short period of oxygen deprivation (20-30 min) if however

the exposure to hypoxia is prolonged tryptophan levels have been found to increase and exceed control levels in both neonatal (Hedner et al 1977 b) and adult animals (Davis and Carlsson 1973 b). Tryptophan is bound to albumin in the plasma and the degree of binding to albumin is very sensitive to minor changes in pH in the range of 7.0 - 8.0 (McMenamy and Oncley 1958). Changes in the albumin binding of tryptophan during hypoxic states could thus influence the tryptophan hydroxylation since the enzyme is not saturated with tryptophan under normal conditions in vivo (Carlsson et al 1978).

No changes in the endogenous levels of 5-HT were found in the neonatal animals during 20 min anoxia. Studies on adult animals have demonstrated that besides the decrease in the synthesis of brain 5-HT during hypoxia there is also a decrease in the degradation due to an inhibition of the major degradative enzyme MAO (Davis and Carlsson 1973 b). Thus hypoxia appears to be one in a group of conditions which in the brain may alter 5-HT metabolism without affecting 5-HT levels.

### 3.3 Monoamine metabolism after recovery from anoxia (II-III)

Several metabolic responses occur after acute anoxia in neonatal animals. Energy stores which decrease during anoxia are normalised or even increased during the recovery phase (Vannucci and Duffy 1976). In a similar way we found increased levels of DOPA and 5-HTP in the one day old animals after decarboxylase inhibition with NSD 1015 immediately after the exposure to 20 min 100% N<sub>2</sub>. The increase in tyrosine hydroxylase and tryptophan hydroxylase activity was of a transient nature and 2 h after the insult enzyme activity had returned to control levels. No further apparent changes in the activity of these synthesizing enzymes were noted during the following 48 h after anoxia.

In parallel with the increases in tyrosine hydroxylase and tryptophan hydroxylase activity observed the level of the precursors tyrosine and tryptophan were increased in the immediate postanoxic phase. As the rate-limiting enzymes tyrosine hydroxylase and tryptophan hydroxylase are not fully saturated with their respective precursor amino acids under normal conditions (Carlsson and Lindqvist 1978) the increased levels of DOPA and 5-HTP after anoxia may in part depend on the increased availability of the precursors.

In contrast to the changes in enzyme activity no major changes in the endogenous levels of DA and NA were observed during the recovery period. The endogenous levels of 5-HT did however increase in parallel with the increases in

enzyme activity and precursor availability. These results are not surprising since one major factor in the control of 5-HT synthesis is the availability of tryptophan. This close correlation between the precursor amino acid and the neurotransmitter product does not seem to be present for DA and NA.

### 3.4 Late effects of oxygen deprivation on monoamine metabolism (IV)

Exposure to hypoxia or anoxia is a complex form of stress in the neonate inducing both sympathetic hyperactivity (Jones and Robinson 1975; Lagercrantz and Blotlett 1978; Vaccari et al. 1978b) and adrenocortical hyperfunction (Vaccari et al. 1978b). A considerable body of evidence supports that oxygen deprivation during development may induce a wide range of persistent neurologic and neuroendocrinologic alterations in the brain (Towbin 1970; Myers 1972; Simon and Vollmer 1976).

The outgrowth of the DA, NA and 5-HT containing neuronal systems originates mainly from some areas in the brain stem (see supra). As these brain regions seem to be vulnerable to perinatal asphyxia (Myers 1972), some behavioral disorders of early childhood (e.g. infantile autism) have been correlated with alterations in monoamine metabolism (Wender 1972).

The newborn rats subjected to 20 min anoxia or 4.5 h 6% hypoxia in our experiments did not become spastic or display any signs of subsequent gross motor impairment, nor did the brain weight differ between the anoxia or hypoxia group and the control group at 28 days of age. Previous studies have, however, indicated that neonatal asphyxia may result in a retardation of both body and brain growth (Vannucci and Duffy 1976; Simon and Vollmer 1976).

In our investigations we have found that neither total anoxia for 20 min or 6% hypoxia for 4.5 h during the neonatal period had any persistent effects on the endogenous levels of the neurotransmitters DA, NA and 5-HT or their respective amino acid precursors tyrosine and tryptophan as measured in the whole brain at 28 days of age. However, the activity of the rate-limiting enzymes tyrosine hydroxylase and tryptophan hydroxylase respectively was found to be impaired in the brains of the animals exposed to a prolonged partial deprivation of neonatal oxygenation for 4.5 h during the neonatal period, but not in the 4-week-old rats exposed to a brief episode of 20 min anoxia. This difference suggests that the neonatal animal can manage shorter periods of asphyxia without subsequent neurochemical damage. However, when the period of oxygen deprivation becomes more pro-

longed focal lesions in the brain may develop as a result of a g production of carbon dioxide and acids in areas with high metabolic activity (Windle 1966 Chen et al 1971)

Persistent effects on brain noradrenaline and serotonin metabolism have been found in rats exposed to asphyxia (45 min - 2 h) in infancy (Skraon and Volicic 1976). In this study an increase in noradrenaline synthesis rate was found to persist after maturation. We have at present no explanation to this discrepancy between these findings and our data but methodological differences e.g. production of asphyxia might contribute.

Stress during pregnancy which causes a release of maternal catecholamines into the blood stream and a decrease in uterine blood flow thereby causing a brief period of anoxia has in animal experiments been found to produce persistent effects in catecholamine metabolism in discrete brain regions of the offspring after maturation. The results from these types of studies are conflicting and increases (Huttunen 1971) as well as decreases (Mayer et al 1978) in noradrenaline turnover in discrete brain regions of the offspring have been described after maternal stress.

Although conflicting results exist on the effects of neonatal oxygen deprivation on the monoamine metabolism at adult age it can be concluded that an asphyctic insult in the neonatal animal can produce permanent biochemical changes.

### 3.5 Late effects of oxygen deprivation on conditioned avoidance response (IV)

Numerous studies performed on several animal species have demonstrated behavioral effects after perinatal oxygen deprivation (see Meler 1971). These effects include both learning deficits and changes in emotionality.

In parallel with the effects on monoamine synthesis discussed above we have found that a prolonged hypoxia (4.5 h 6% O<sub>2</sub>) but not a brief period of anoxia (20 min) in the neonatal period interfered with the acquisition of a conditioned avoidance response in the 4 weeks old rats. In view of the well-known importance of an undisturbed catecholamine system for the maintenance of conditioned avoidance behavior (see Engel and Carlsson 1977) it seems feasible to speculate that the persistent behavioral changes are closely correlated to the biochemical impairment observed.

In previous studies from this laboratory Brown and coworkers have demonstrated that catecholamine pathways are involved in the disruption of conditioned avoidance

behavior and suppression of locomotor activity during acute hypoxia in the adult rat (Brown et al 1973 Brown and Engel 1973)

Hence catecholamines appear to be involved in the acute as well as late behavioral effects caused by exposure to hypoxia

### 3.6 Effects of monoamine receptor stimulating agents on survival during hypoxia (V)

Previous studies from this laboratory on adult rats (Brown et al 1975) have indicated that during hypoxia there is an inhibition of the physiological activity of the dopaminergic neurons in the brain resulting in a reduced nerve impulse induced release of DA while the nerve impulse induced release of NA during hypoxia was unaffected or possibly accelerated

Also in the neonatal animal energy reserves are limited and the brain metabolic rate high (Jilek 1970) Hence neuronal activity must with necessity decrease when energy production declines during severe oxygen deprivation

When the precursor amino acids DOPA and/or 5-HTP were administered to the neonatal rats immediately before 6% hypoxia thereby bypassing the oxygen-dependent rate-limiting steps a marked decrease in survival time was observed Similarly administration of a noradrenaline receptor stimulating agent clonidine but not a dopamine receptor stimulating drug pargoline decreased neonatal survival time during oxygen deprivation These results indicate that central catecholamine (principally noradrenergic) and indoleamine mechanisms may be involved in the factors determining survival during neonatal hypoxia It should be pointed out that NA pathways have been found to be relatively mature at birth whereas DA pathways develop at a later stage during ontogeny (Kelllogg and Lundborg 1973 Lundborg and Kelllogg 1974)

It can be argued that the decreased survival time of the neonatal rats during hypoxia may be due principally to peripheral mechanisms such as e.g. cardiovascular or pulmonary dysfunction However supporting our hypothesis of central mechanisms being involved are the recent results by Benrimoun (1978) demonstrating that administration of catecholamines (adrenaline and noradrenaline) increases cerebral oxygen consumption and induces changes in cerebral energy metabolism indicating that the low cerebral energy reserves may be a limiting factor If then stimulation of central adrenergic receptors decrease the survival time It can be hypothesized that receptor-blocking agents may increase survival in neonatal animals during hypoxia Work is in progress to evaluate this possibility

## SUMMARY AND CONCLUSIONS

Based on the results of the present study it can be concluded that:

- hypoxia and anoxia in developing animals causes inhibition of tyrosine hydroxylase and tryptophan hydroxylase activity the first and rate-limiting enzymes of the catecholamine and indoleamine synthesis pathways, respectively
- the enzymes tyrosine hydroxylase and tryptophan hydroxylase were in general equally sensitive to hypoxia at the various ages studied. In addition, no regional differences were observed in the rat brain
- immediately after anoxia there is an increased availability of monoamine precursor amino acids and an increase in monoamine synthesis rate
- persistent biochemical and behavioral changes as measured as monoamine synthesis rate and conditioned avoidance response respectively occur after severe neonatal oxygen deprivation
- activation of the serotonergic and noradrenergic neuronal systems decreases survival time during hypoxia in neonatal animals



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Studies  
on thiamine  
and  
neuromuscular  
transmission

By  
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The present survey is based on the following papers which will be referred to by their Roman numerals,

- I Radio-enzymatic assay of acetylcholine in tissues  
Biochem Pharmacol 1975 24 1339-1341
- II An improved method for the determination of endogenous thiamine and its phosphate esters in biological material  
Nutrition and Metabolism 1978 516 xxx
- III Evidence for the formation of a methylthiamine-like substance in the rat phrenic nerve diaphragm preparation  
Biochem Pharmacol 1977 26 1321-1325
- IV Release of thiamine and formation of a methylthiamine-like substance in the rat phrenic nerve-diaphragm preparation  
Acta physiol scand 1977 101 22-27
- V Binding of thiamine to nicotinic receptors from Torpedo marmorata and the frog end plate  
Acta physiol scand 1978 103 154-159 (Together with L Elfman and B Rydqvist)
- VI Possible role of thiamine in neuromuscular transmission  
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ABBREVIATIONS MTLs = methylthiamine-like substance  
PTP = post-tetanic potentiation and Th-DP = thiamine  
diphosphate



## INTRODUCTION

Axonal transport of radioactive acetylcholine formed from radioactive choline injected directly into the tissue was studied in cat ventral roots (Waldenlind and Anderson 1978). In the chromatograms of extracts from such ventral roots an unidentified compound was found with chromatographical characteristics of methylthiamine. A compound with the same chromatographical characteristics was also found in the chromatograms if radioactive thiamine had been injected into the tissue. The compound was assumed to be methylthiamine but exact structural identification is lacking and the compound is therefore denoted as the methylthiamine-like substance (MTLS). The MTLS has been further characterized by chromatography. Its formation from different precursors has been studied and its formation in unstimulated and stimulated phrenic nerve diaphragm preparations has been compared. Since it was thought that the formation of the MTLS might be related to a function of thiamine in neuromuscular transmission the effects of thiamine on neuromuscular transmission were also studied.

The importance of thiamine for the nervous system was shown by Eijkman (1897) who demonstrated that degeneration of peripheral nerves occurred in fowls that were fed on thiamine-deficient rice. About 40 years later Peters (1936) demonstrated that thiamine deficiency led to an increased level of lactic acid in the brain. He showed that thiamine has a role in pyruvate metabolism. It is now common knowledge that thiamine diphosphate (Th DP) serves as the coenzyme for pyruvate dehydrogenase,  $\alpha$ -ketoglutarate dehydrogenase and transketolase. Several studies have shown

that the activities of these enzymes are reduced when there is a sufficient decrease in the levels of TH-DP in the tissues. These biochemical changes are sometimes associated with clinical symptoms: anorexia and weight loss, cardiomegaly and bradycardia, and neuromuscular disturbances (lameness, ataxia and convulsion) together with other minor symptoms.

After prolonged thiamine deficiency, structural lesions of the central nervous system have been found in well-defined parts of the brain stem in various species (Prickett 1934, Evans et al 1942, Rinehart et al 1949, Dreyfus and Victor 1961). In the peripheral nervous system, structural changes have been shown to occur in pigeons (Swank 1940, Shaw and Phillips 1945), whereas in other species (mice, pigs, rats and Rhesus monkeys) the results are contradictory (Wintrobe et al 1944, Dunn et al 1947, Rinehart et al 1949, North and Sinclair 1956). Since in the early stages of thiamine deficiency the symptoms can be reversed within hours by the administration of thiamine, it has been thought that the morphological lesions are preceded by functional disturbance (Victor et al 1971).

Recent ultrastructural studies of the brain-stem lesions found in all species investigated, including man, suggest that the earliest changes produced by thiamine deficiency occur in the cell membrane. A striking hypertrophy of the presynaptic boutons and a decrease in the number of synaptic vesicles were found in thiamine deficient rats by Tellez and Terry (1968) and by Pena and Felter (1973). It has also been shown that thiamine pyrophosphatase is localized in synaptic vesicles and in the terminal membrane in axon

terminals of the rat spinal cord (Griffith and Bondareff 1972 Knyihar et al 1973 Csillik et al 1974) indicating that this enzyme might be of importance for neurotransmission

After the biochemistry of Th DP dependent reactions had been clarified numerous attempts were made to relate the neurological symptoms following thiamine deficiency to a disturbance in these reactions Pyruvic acid metabolism transketolase function acetylcholine levels and  $\gamma$  amino-butyric acid formation have been investigated but the efforts to establish a correlation to the neurological symptoms have been unsuccessful (Gubler 1976) The biochemical mechanism behind the selective vulnerability of certain areas of the nervous system which is so characteristic of thiamine deficiency is still unexplained

Two thiamine antagonists oxythiamine and pyrithiamine have been used to produce experimental thiamine deficiencies In contrast to pyrithiamine oxythiamine has never been observed to induce the neurological symptoms that are regularly induced by pyrithiamine (Gubler 1976) It has been shown that oxythiamine enters the brain to only a slight extent whereas pyrithiamine is accumulated in the brain (Rindi and Perri 1961) This difference in distribution may explain why only pyrithiamine induces the neurological symptoms Pyrithiamine is a potent inhibitor of thiamine phosphokinase an enzyme which phosphorylates thiamine to Th DP (Koedam and Steyn Parvé 1960) Since thiamine is mainly stored as Th-DP in the body the storage capacity decreases in the presence of pyrithiamine and non phosphorylated thiamine is excreted in the urine (DeCaro et al 1958) Cooper and Pincus (1967) suggested that pyrithiamine might induce neurological symptoms by

a direct interaction with thiamine in the neural membrane and not by an interaction with thiamine requiring enzymes

Many authors have suggested an additional role for thiamine in the mechanism of nervous excitation. In 1947 such a role was postulated by v. Murlalt. The basis for his hypothesis was that if frog sciatic nerves were submitted to short tetanic stimulation then more thiamine could be extracted by a Ringer solution from the freeze-dried nerve powder than from a corresponding sample of unexcited nerves. Since the daily requirements of thiamine are rather high v. Murlalt (1947) discussed the possibility that thiamine could be a metabolic substance and not only a catalyst. How thiamine or thiamine compounds could participate directly in the metabolism of the nerve besides functioning as a catalyst could not be answered. An unidentified thiamine metabolite (compound X) was described in extracts from frog sciatic nerves (v. Murlalt 1958). The amount of compound X increased when the nerves were submitted to tetanic stimulation and decreased in the resting period.

It was shown by Kunz (1956) in v. Murlalt's laboratory that pyrithiamine blocked electrical activity at the node of Ranvier while oxythiamine had no effect. Fern extract (containing thiamine destroying factors) had an action similar to that of pyrithiamine. The blocking action of pyrithiamine was not reversed by thiamine. The effects of pyrithiamine and fern extract were considered to be related to the Na-transport system necessary for the action potential. Murlalt's theory that thiamine may have a role in neuro conduction by activating the Na-transport system has however not been confirmed in experiments where the effect of

thiamine antagonists have been studied on voltage clamped squid giant axons by Goldberg and Cooper (1975) and Goldberg et al (1975). These authors considered the effects of the thiamine antagonists on nerve fibres to be due to a non specific stabilizing interaction with the nerve membrane and not to any antagonizing action on endogenous thiamine. However Barchi (1976) who also used squid giant axons considered it still possible that the thiamine antagonists may interfere with the Na transport system necessary for the action potential.

There are several other studies (fitting more or less together) where a possible neural function of thiamine has been investigated. Thus Itokawa and Cooper (1969) found that thiamine and thiamine monophosphate were released from a perfused rat sciatic nerve or spinal cord preparation which had been exposed to low concentrations of acetylcholine tetrodotoxin ouabain and LSD. Thiamine and thiamine monophosphate were released into the perfusion medium while 80 % of the thiamine-containing material in the nerves was in the form of Th DP and thiamine triphosphate. Eichenbaum and Cooper (1971) showed that ultraviolet light of the wavelengths absorbed by thiamine abolished the action potentials in rabbit vagus nerve and that the addition of thiamine alone restored them. Armett and Cooper (1965) found that the post-tetanic hyperpolarization in desheathed vagus nerve was abolished by pyrithiamine - an effect that was prevented by the addition of thiamine. An impaired transmission in the superior cervical ganglion of the thiamine deficient rat has been shown to occur under high frequency stimulation whereas the conduction velocities and amplitudes of the action potentials in the sympathetic cord were unaffected (Perré et al 1970).

Indirect support according to Dreyfus (1976) for the view that the symptoms of thiamine deficiency are not the result of an impaired coenzyme function of Th DP is that the deficiency symptoms are much easier precipitated if the thiamine deficiency is combined with a large carbohydrate load. The effect of the carbohydrate load was considered to be due to stimulation of the enzyme systems where Th DP is a coenzyme at the expense of another thiamine-requiring mechanism that is responsible for the deficiency symptoms.

A possible function of thiamine in neuromuscular transmission was investigated in the present work by studying

- 1 the formation of the methylthiamine-like substance (MTLS) from choline and thiamine
- 2 the formation of the MTLS after nerve stimulation
- 3 the release of radioactive thiamine from the stimulated phrenic nerve-diaphragm preparation
- 4 the binding and effect of thiamine on nicotinic acetylcholine receptors and
- 5 the effect of thiamine on neuromuscular transmission in rat masseter muscle

## COMMENTS ON METHODS

The different methods have been described in detail in the individual papers and therefore the methodological principles are only shortly summarized here

In paper I and II the methods for the extraction of the HTLS are given. The HTLS was extracted from homogenized cat ventral roots using a counter ion dissolved in an organic solvent. The homogenization was carried out in an organic solvent which has two advantages: immediate denaturation of the proteins and a partial solubilization of the lipids. These facts may explain why the HTLS was not found in earlier studies where choline metabolites have been extracted first after acid precipitation. Accordingly, when the ventral roots in the present study were homogenized in trichloroacetic acid, no HTLS was recovered from the supernatant after centrifugation. The occurrence of HTLS in the organic homogenization medium was considered improbable since only trace amounts of HTLS were found if radioactive line was added to nonradioactive ventral roots before the homogenization.

In paper V, the binding of thiamine to nicotinic acetylcholine receptors was studied both by using an isolated receptor protein from the electric organ of Torpedo marmoriata and by using end plate receptors from frog sartorius muscle. The isolated nicotinic acetylcholine receptor has certain characteristics in common with nicotinic receptors in the frog muscle end plate: it binds nicotinic antagonists in low concentrations. However, the binding of acetylcholine to the isolated nicotinic acetylcholine receptor requires a high acetylcholine concentration ( $10^{-6}$  M) whereas the



acetylcholine concentration that has an effect on the frog end-plate is much lower ( $10^{-9}$  M). Since differences in binding characteristics between the two types of receptors exist it is important to compare results achieved with the isolated receptor with results from frog muscle end plate receptors. If the binding of a substance to nicotinic receptors is studied by using both techniques and the results are the same then the probability is increased that the binding of this substance to nicotinic acetylcholine receptors or to structures closely related to their function (ionophores) is studied.

In paper VI the effect of thiamine on post-tetanic potentiation (PTP) was studied using the masseter muscle of the rat. The masseteric nerve was stimulated with supramaximal impulses the voltage of the stimulation impulses being 150 % of that which yielded maximal muscle twitches. Therefore the observed changes in muscle tension of the muscle contractions do not depend on differences in the recruitment of muscle fibres. In some experiments field stimulation of the masseter muscle was made. No difference in results between stimulation of the masseteric nerve and field stimulation was noted. The pre tetanic and post-tetanic stimulation frequency was 0.2 Hz and the impulse duration 0.2 ms. When the low frequency stimulation is interrupted by a short tetanus a transitory increase in the peak tension of the isometric muscle twitch response (PTP) is seen in fast mammalian muscle. PTP in fast mammalian muscle has been described to be due to an increased contractility of the muscle fibres (Standaert 1964).

## RESULTS AND DISCUSSION

Chromatographical characterization of the MTLs

When the radioactive  $^3\text{H}$ -choline was injected into the ventral horn nuclei in the spinal cord of the cat radioactivity appeared in the ventral roots after less than 30 min (paper III). Part of the radioactivity was extracted by homogenizing the roots in allyl cyanide containing sodium-tetraphenylboron (counter ion extraction). Compounds which contain a quaternary ammonium ion as the single charge are thereby bound to the sodium-tetraphenylboron and extracted into the organic phase (Fonnum 1969). By adding a strong acid to the organic phase (e.g.  $\text{HCl}$ ) the quaternary ammonium compounds are regained into the inorganic phase which thereafter can be freeze-dried.

When the freeze dried extracts from the radioactive ventral roots were dissolved in ethanol and submitted to paper chromatography then three peaks of radioactivity could be found. Two peaks had as expected the chromatographical characteristics of acetylcholine and choline but the third one could not be identified as any known choline metabolite. Thiamine was found to be the only substance with chromatographical properties similar to those of the unknown substance. Since the methyl groups of the quaternary ammonium ion of choline were labelled the possibility was considered that the unknown compound was identical with methylthiamine formed by methylation.

Methylthiamine was synthesized as described in paper III and chromatographed together with the unknown compound in

several chromatographical systems

In all chromatographical systems tried the unknown compound behaved as methylthiamine. Radioactive thiamine was injected into the ventral horn nuclei. Also in this case a radioactive peak could be found in the chromatograms of ventral root extracts. Thus a compound (methylthiamine-like substance (MTLS)) with the same chromatographical characteristics as methylthiamine may have been formed from both choline and thiamine. The evidence for identity between the MTLS and methylthiamine is 1. chromatographical identity between the MTLS and methylthiamine in several chromatographical systems and 2. the MTLS is formed both from choline and thiamine. Such evidence for identity between two compounds is only indirect and therefore the substance is called MTLS.

#### MTLS and choline metabolism

The MTLS was formed in the ventral roots after the injection of radioactive choline. It was considered to be of interest to study whether the MTLS was formed from choline itself or from any of its metabolites (paper III). Choline is metabolized in three directions: 1. to acetylcholine, 2. to phospholipids, and 3. to betaine.

Radioactive betaine did not serve as a precursor for the MTLS when injected into the ventral horn nuclei. Therefore it was considered improbable that the MTLS was formed after demethylation of betaine or from any of its metabolites. To study a possible relationship between the formation of the MTLS and phospholipids, the time course for formation of the MTLS and phospholipids was compared. The formation of

the MTLS was maximal after two hours. Thus the formation of the MTLS does not seem to be dependent on the formation of phospholipids. When the amounts of acetylcholine and MTLS in ventral and dorsal roots were compared, the amounts of both acetylcholine and MTLS were higher in ventral roots than in the dorsal roots. When the time course of the formation of acetylcholine and MTLS in ventral roots was studied, it was found that both compounds reached their maximal level in about 30 min. Thus it seems as if the formation of acetylcholine and of MTLS are related. The immediate precursor for the MTLS can according to these studies be either choline or acetylcholine. The biological importance however of the formation of the MTLS was unclear. The idea was put forward that the formation of methylthiamine could reflect the activation of nicotinic receptors.

The formation of the MTLS following administration of  $^3\text{H}$  choline did not occur in liver, kidney or spleen and may therefore be specific for nerve tissue and especially motor nerves. Since it is not formed in all tissues it is improbable that the formation of the MTLS only represents a common break-down product of choline or thiamine.

Formation of the MTLS in the stimulated rat hemidiaphragm. To investigate whether the formation of the MTLS could be influenced by changes in nerve activity (as was the formation of compound X in v. Muralet's study) the formation of the MTLS in the stimulated and nonstimulated phrenic nerve-diaphragm preparation was studied. It was reported in paper IV that the amounts of MTLS formed were found to be higher in stimulated than in unstimulated rat diaphragms. The formation of the MTLS was inhibited by d-tubocurarine (12 mg/kg). The MTLS could only be extracted from the nerve

terminal region of the diaphragm muscle (can easily be seen as a band along the muscle) Thus the level of MTLs in the innervated part of the rat diaphragm increased as a result of nerve stimulation as did compound X in v Murali's study (1958) In addition the formation of MTLs was inhibited by curare suggesting that the formation of the MTLs is linked to the activation of curare-sensitive receptors

Release of  $^{35}\text{S}$ -thiamine from the stimulated rat diaphragm When the phrenic nerve of the hemidiaphragm was stimulated a release of radioactive thiamine into the bath was found in the presence of d-tubocurarine (paper IV) Since the muscle contractions were blocked by d tubocurarine the thiamine in the bath after nerve stimulation probably originated from the nerve fibres Thiamine is mainly stored as phosphates Therefore a dephosphorylation of thiamine or an increase in extractable non phosphorylated thiamine seems to occur during nerve stimulation In electrically stimulated frog sciatic nerves v Murali (1947) found an increase in thiamine extracted by Ringer solutions results which showed that the amount of free (=extractable) thiamine had increased as a result of the stimulation A dephosphorylation of thiamine phosphates was noted by Itokawa and Cooper (1970) who found an increase in non phosphorylated thiamine in the perfusion fluid from rat sciatic nerve or rat spinal cord when neuroactive agents such as acetylcholine tetrodotoxin ouabain or LSD were added to the perfusion fluid Thus electrical stimulation or addition of certain neuroactive agents to nervous tissue might induce a shift from bound to free thiamine and /or/ a dephosphorylation of the thiamine phosphates

Binding of thiamine to nicotinic acetylcholine receptors  
Since the increase in the MTLs in the phrenic nerve-diaphragm preparation was blocked by d-tubocurarine it was considered to be of interest to study a possible binding to and effect of thiamine on nicotinic acetylcholine receptors. Nicotinic acetylcholine receptors can be isolated and purified from electric organs of fish (Eldefrawi and Eldefrawi 1973, Heilbronn et al 1974, Klett et al 1973, Meunier et al 1974). Such material was considered to be suitable for binding studies. In paper V it was shown that thiamine binds reversibly to the isolated nicotinic acetylcholine receptor protein ( $K_D = 10^{-5}$  M). The binding of thiamine was inhibited by the venom toxin from Naja naja siamensis which is a specific antagonist for postsynaptic nicotinic receptors (Chang and Lee 1966). The binding of thiamine to the isolated nicotinic receptor was not inhibited by acetylcholine.

A possible effect of thiamine on post-synaptic nicotinic acetylcholine receptors was investigated by studying the miniature end plate potentials of the frog muscle end plate (paper V). The miniature end plate potentials are the result of nicotinic acetylcholine receptor activation due to release of acetylcholine. When thiamine ( $10^{-5}$  M) was applied to the end plate preparation the amplitude of the miniature end plate potentials decreased reversibly and significantly. No effect on the resting membrane potential was noted. The decrease in the miniature end plate potentials induced by thiamine indicated that thiamine blocks the action of acetylcholine. A decrease in the miniature end plate potentials by thiamine can be induced by a block of the sodium channels in the end plate that give rise to the miniature end plate potentials registered. Since the binding of acetylcholine

was not inhibited by thiamine in the isolated receptor from Torpedo marmorata these results could indicate that thiamine binds to the sodium channels and not to the acetylcholine binding site

#### Pyridoxamine and neuromuscular transmission

In paper VI the effect of thiamine on neurotransmission at higher stimulation frequencies ( $> 1\text{ Hz}$ ) was studied in rat masseter muscle. It is a typical fast muscle since it responds with individual twitches up to frequencies of 30 Hz. Since the masseter muscle is fast the tension of the individual muscle twitches will increase at high stimulation frequencies (stair case effect) and a frequency-dependent increase in contractility (PTP) will develop after moderate tetanic stimulations.

The effect of thiamine on the development of PTP in the untreated masseter muscle was investigated by administering thiamine intravenously. No effect was noted on the PTP or on the ordinary single twitches. When the effect of pyridoxamine and thiaminase-containing preparations (fern extract) on the PTP was studied then the muscle twitches at stimulation frequencies of  $> 1\text{ Hz}$  were decreased and PTP was abolished. Intravenous injections of thiamine alone thereafter restored the PTP and the muscle twitches at high frequency stimulation. Oxythiamine had no effect on the muscle twitches induced by high frequency stimulation or on the PTP. No effect on directly excited muscle twitches was seen after pyridoxamine administration. Therefore the effects of pyridoxamine and thiamine are on the nerve and not on the muscle.

Pyridoxamine administration caused a concomittant decrease in the PTP and the muscle twitches at stimulation frequencies of  $> 1$  Hz. The effect of pyridoxamine on neurotransmission at high stimulation frequencies is due to an impaired neuromuscular transmission that is necessary for the development of the frequency-dependent increase in contractility (staircase and PTP) since the directly-stimulated muscle twitches at high frequency stimulation were unaffected.

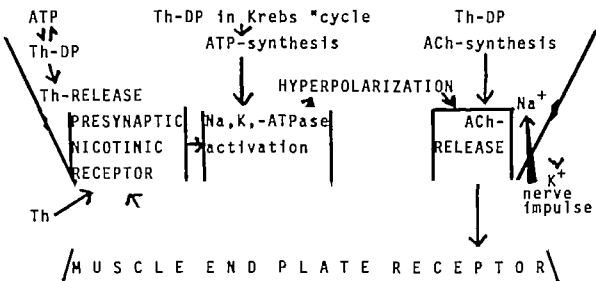
The impairment of neurotransmission induced by pyridoxamine that was reversed by thiamine could be due to a decreased excitability of the presynaptic nerve fibers or /and/ of the end-plate membrane. Metabolic effects such as a decreased synthesis of acetylcholine or ATP or impairment of a specific function of thiamine in the nerve membrane could be the cause for the decrease in excitability.

#### Possible mechanisms of action of thiamine

A possible function of thiamine in neurotransmission is its role as a coenzyme for pyruvate dehydrogenase, an enzyme which regenerates acetyl groups and which therefore is of importance for acetylcholine synthesis and for the regeneration of ATP in the citric acid cycle. However, experimental evidence does not support the view that such a mechanism of action of thiamine is of importance for the symptoms in thiamine-deficient animals. In thiamine deficiency the acetylcholine levels are described to be either elevated or decreased (Gubler 1976) and the ATP-levels normal or elevated (Holowick et al 1968, McCandless and Schenker 1968, Inoue et al 1970). In the present study d-tubocurarine which blocks the effect of acetylcholine, induced a similar decrease in the PTP and reversal of the stair case



effect as did pyridoxamine. This result however could be consistent with the view that pyridoxamine inhibits a function of acetylcholine in the masseter muscle preparation that is necessary for the development of PTP and maintenance of muscle twitches at stimulations above 1 Hz. If thiamine deficiency or pyridoxamine administration do not change the levels of acetylcholine or the energy supply (ATP production) another possibility could be that thiamine is necessary for the change in nervous excitability induced by acetylcholine. Pyridoxamine has been shown to inhibit the post tetanic hyperpolarization (Cooper and Pincus 1967) without affecting the  $\text{Na}^+/\text{K}^+$ ATPase results which suggest that thiamine is of importance for maintenance of the membrane potential at high stimulation frequencies. Acetylcholine has been shown to increase the hyperpolarization in C-fibers of rabbit vagus nerve (Armett and Ritchie 1960). This effect of acetylcholine was inhibited by d-tubocurarine and hexamethonium but not by atropin in corresponding doses. Thus both acetylcholine and thiamine might be of importance for maintaining the membrane potential at high frequency stimulation. The efficiency of neurotransmission is directly dependent on the degree of membrane polarization (Eccles 1964). Therefore it is possible that acetylcholine and pyridoxamine also are able to affect the release of transmitter. In accordance with this view are the results where acetylcholine has been shown to be important for maintaining the neurotransmission at higher stimulation frequencies via a presynaptic action (Bowman and Webb 1973, Beranek and Vyskocil 1967, Hubbard et al 1969). Thiamine could as already mentioned be of importance for the synthesis of acetylcholine and /or/ ATP and thus influencing the effects of acetylcholine on the membrane potential. If however



(ACh=acetylcholine Th=thiamine and Th-DP= thiamine diphosphate)

Fig 1 Thiamine and neuromuscular transmission  
Possible sites of action for thiamine

A schematic picture of the presynaptic nerve terminal and the muscle end plate is shown. Possible mechanisms of action for thiamine in maintaining the neuromuscular transmission are illustrated. The different mechanisms of action for thiamine are described in the text under results and discussion.

pyrithiamine blocks a function of thiamine which is unrelated to the thiamine-requiring enzymes then it is possible that thiamine is of importance for the excitability of presynaptic structures ( nicotinic receptors ) activated by acetylcholine that are of importance for maintaining neurotransmission at high stimulation frequencies

In paper III the hypothesis was put forward that the formation of the MTLs may reflect the activation of nicotinic receptors. Evidence for such a hypothesis should include 1 decreased formation of the MTLs in the presence of d tubocurarine 2 a binding of thiamine to nicotinic receptors and 3 an effect of thiamine on the function of nicotinic receptors. A decreased formation of the MTLs after administration of d tubocurarine was shown in paper IV and a specific binding to nicotinic receptors in paper V. However addition of thiamine to nicotinic receptors of the frog end plate decreased the miniature end plate potentials. Thiamine was also specifically bound to an isolated nicotinic receptor protein from Torpedo marmorata a binding which was inhibited by a venom toxin with specific affinity to nicotinic receptors but not by acetylcholine. Thus these results suggest that thiamine was bound to the sodium channels necessary for the miniature end plate potentials. The specific binding of thiamine to the acetylcholine-activated sodium channels might imply that thiamine is important for the activation of these channels in lower concentrations. Unfortunately this possibility can not be supported or disclosed by the experiments in paper V since an experimental thiamine deficiency was not induced.

Any direct evidence showing that formation of the MTLs reflects activation of nicotinic receptors was not obtained in the present study. The experiments performed on rat masseter muscle shows that the effects of pyridostigmine and d-tubocurarine on the stair-case effect and the PTP are similar and are possible to explain if it is assumed that thiamine is of importance for a presynaptic action of acetylcholine necessary for the membrane potential.

In paper IV an increase in nonphosphorylated thiamine was found in the stimulated phrenic nerve diaphragm preparation. Similar results were described by v. Muraldt (1947) from stimulated frog nerve. Thus electrical stimulation of nerve tissue seems to increase the amount of nonphosphorylated thiamine suggesting an increased turn over of thiamine at electrical stimulation. These results can be in accordance with the view that thiamine compounds are of importance for maintaining the membrane potential presumably by influencing the ion transport through the membrane since electrical stimulation will activate the mechanisms that are necessary for maintaining the membrane potential.

An increase in an unidentified thiamine compound (compound X) after nerve stimulation has been described by v. Muraldt (1958). An increase in a thiamine metabolite (MTLS) after nerve stimulation is described also in this study. These results also indicate that there is an increase in the turnover of thiamine at nerve stimulation.

In the present work it was found that the increase in the MTLs seen after nerve stimulation was inhibited by d-tubocurarine. A frequency dependent decrease in the excitability

of the nerve terminal fibres is seen after d tubocurarine administration (see paper VI for references) Thus these results are in accordance with the view that there is a turn-over of thiamine compounds in nerve tissue that is related to membrane excitability

The present results support the hypothesis that thiamine is of importance for membrane excitability especially at neuromuscular synapses and that there is a turn-over of thiamine compounds In the present study it has been shown that the neuromuscular transmission is impaired at an early stage by the thiamine antagonist pyrithiamine If pyrithiamine is antagonizing a function of thiamine necessary for membrane excitability then the neuromuscular transmission apparently is the most vulnerable localization for a dysfunction of the peripheral motor system due to pyrithiamine administration

The importance of a synaptic dysfunction also in thiamine deficiency whatever the biochemical mechanism behind the dysfunction may be is supported by the morphological studies carried out on brains from thiamine deficient rats A hypertrophy of the synaptic boutons and a decrease in the number of synaptic vesicles were shown in thiamine-deficient rats (Tellez and Terry 1968 Pena and Felter 1973) In addition the importance of synaptic failure in thiamine deficiency may also be supported by the fact that the symptoms in the early stages of thiamine deficiency can be reversed within a few hours (Dreyfus 1976) Thiamine reaches the axon membranes via axoplasmic transport (Tanaka et al 1976) and it is improbable that thiamine which is a quaternary amine could reach the axon membrane by passive diffusion Since

the deficiency symptoms are reversed within a few hours and the axoplasmic transport of thiamine to the entire axons probably will take place in a much longer time, the most probable site of membrane dysfunction in the early stages of thiamine deficiency is in the terminal boutons which are unprotected by myelin and thus accessible to the administration of thiamine

## CONCLUSIONS

- 1 The formation of a methylthiamine-like substance (MTLS) in nerve tissue is described
- 2 The formation of the MTLS reached its maximum at the same time as the formation of acetylcholine but significantly earlier than the formation of phospholipids. No MTLS was formed from betain
- 3 The formation of the MTLS increased with nerve stimulation and was inhibited by d-tubocurarine. The role of the formation of the MTLS remains unknown. However, it is an interesting possibility that the formation of the MTLS is an indicator of a specific role of thiamine for membrane excitability
- 4 Thiamine is released from the curarized phrenic nerve-diaphragm when the phrenic nerve is stimulated
- 5 Thiamine binds to isolated nicotinic acetylcholine receptors from Torpedo marmorata and to nicotinic acetylcholine receptors of the frog end plate
- 6 Pyriethamine and fern extract, thiamine antagonists, impair neurotransmission in rat masseter muscle via a frequency dependent mechanism. The effect of pyriethamine and fern extract is reversed by thiamine. Oxythiamine has no effect on the neurotransmission in rat masseter muscle

- 7 The present results are consistent with the view that thiamine is important for the excitability of the nerve terminals by an effect on the active ion transport that is necessary for regeneration and maintenance of the membrane potential



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PROSTAGLANDINS AND KIDNEY FUNCTION

An Experimental Study in the Rabbit

By

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An experimental study in the rabbit  
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- I *In vivo* inhibition of prostaglandin synthesis in rabbit kidney by nonsteroidal anti inflammatory drugs *Acta pharmacol* (Kbh) 1978 42 179 184  
(Together with I LUNDEN and E XNGGARD)
- II Indomethacin and diclofenac sodium increase sodium and water excretion after extracellular volume expansion in the rabbit *Europ J Pharmacol* 1978 49 381 388  
(Together with G KÖVER C LARSSON and E XNGGARD)
- III Different effects of furosemide on urinary excretion of prostaglandin  $E_2$  and  $F_{2\alpha}$  in rabbits *Acta physiol scand.* 1979 in press  
(Together with E XNGGARD)
- IV The influence of dietary sodium on urinary prostaglandin excretion *Acta physiol scand.* 1978 103 100 106  
(Together with D DAVILA T DAVILA and E XNGGARD)
- V Determination of 6 keto prostaglandin  $F_{1\alpha}$  in rabbit kidney and urine and its relation to sodium balance *Acta physiol scand* 1979 in press  
(Together with I LUNDEN B SJOQUIST and E XNGGARD)
- VI Acute unilateral ureteral occlusion increases plasma renin activity and contralateral urinary prostaglandin excretion in rabbits *Europ J Pharmacol* 1978 53 95 102



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# ABBREVIATIONS

The following common names and abbreviations have been used:

Arachidonic acid: all-cis-5,8,11,14-eicosatetraenoic acid

ADH: antidiuretic hormone

GC-MS: gas chromatography-mass spectrometry

PAH: paraaminohippuric acid

PRA: plasma renin activity

Prostacyclin ( $\text{PGI}_2$ ): see prostaglandin  $\text{I}_2$

Prostaglandin  $\text{A}_2$  ( $\text{PGA}_2$ ): 15S-hydroxy-9-ketoprost-5,10,13-trienoic acid

Prostaglandin  $\text{B}_2$  ( $\text{PGB}_2$ ): 15S-hydroxy-9-ketoprost-5,8(12),13-trienoic acid

Prostaglandin  $\text{D}_2$  ( $\text{PGD}_2$ ): 9 $\alpha$ ,15S-dihydroxy-11-ketoprost-5,13-dienoic acid

Prostaglandin  $\text{E}_2$  ( $\text{PGE}_2$ ): 11 $\alpha$ ,15S-dihydroxy-9-ketoprost-5,13-dienoic acid

6-keto-prostaglandin

$\text{F}_{1\alpha}$  (6-keto- $\text{PGF}_{1\alpha}$ ): 9 $\alpha$ ,11 $\alpha$ ,15S-trihydroxy-6-ketoprost-13-enoic acid

Prostaglandin  $\text{F}_{2\alpha}$  ( $\text{PGF}_{2\alpha}$ ): 9 $\alpha$ ,11 $\alpha$ ,15S-trihydroxyprost-5,13-dienoic acid

Prostaglandin  $\text{F}_{2\beta}$  ( $\text{PGF}_{2\beta}$ ): 9 $\beta$ ,11 $\alpha$ ,15S-trihydroxyprost-5,13-dienoic acid

Prostaglandin  $\text{G}_2$  ( $\text{PGG}_2$ ): 15S-hydroxy-9 $\alpha$ ,11 $\alpha$ -peroxidoprost-5,13-dienoic acid

Prostaglandin  $\text{H}_2$  ( $\text{PGH}_2$ ): 15S-hydroxy-9 $\alpha$ ,11 $\alpha$ -peroxidoprost-5,13-dienoic acid

Prostaglandin  $\text{I}_2$  ( $\text{PGI}_2$ ): 6,9 $\alpha$ -epoxy-11 $\alpha$ ,15S-dihydroxyprost-5,13-dienoic acid

Saralasin (Sar<sup>1</sup>,Ala<sup>8</sup>) angiotensin II

$\text{A}_2$  ( $\text{TxA}_2$ ): 9 $\alpha$ ,11 $\alpha$ -oxy-15S-hydroxythromboxane-5,13-dienoic acid

Thromboxan  $\text{B}_2$  ( $\text{TXB}_2$ ): 9 $\alpha$ ,11 $\alpha$ ,15S-trihydroxythromboxane-5,13-dienoic acid

LC: Thin layer chromatography



## INTRODUCTION

*Die hier beschriebene äther- und wasserlösliche Substanz mit blutdrucksenkender Wirkung sowie erregender Wirkung an verschiedenen isolierten glattemuskulösen Organen wird vorläufig „Prostaglandin“ genannt  
(U S von Euler 1935)*

Prostaglandins constitute a family of acidic lipids with a wide spectrum of effects. In the kidney prostaglandins may modulate blood flow and the release and effects of other renal hormones. The present survey will also discuss prostaglandins in relation to renal handling of sodium and effects of diuretic drugs.

### Biosynthesis of prostaglandins

Prostaglandins are formed from eicosapolyenoic acids with 3 to 5 double bonds. 8,11,14-eicosatrienoic acid, 5,8,11,14-eicosatetraenoic acid (arachidonic acid) and 5,8,11,14,17-eicosapentaenoic acid (cf Bergström et al 1964, van Dorp et al 1964). Of these arachidonic acid is the most abundant in animal tissues. Arachidonic acid is stored esterified to phospholipids in cell membranes. After cleavage of the ester bond by phospholipases or by other means, the free arachidonic acid can be metabolized by lipoxygenases and by prostaglandin endoperoxide synthase (Fig. 1).

Lipoxygenases oxidize arachidonic acid to hydroperoxy and hydroxy eicosatetraenoic acids. In human platelets 12 hydroperoxy and 12 hydroxy-eicosatetraenoic acids are formed and in rabbit leucocytes

5 hydroxy eicosatetraenoic acid (Hamberg and Samuelsson 1974, Mjertanen 1975, Borgeat et al 1976). These reactions have as yet not been demonstrated to occur in the kidney. Their importance under *in vivo* conditions is also unknown.

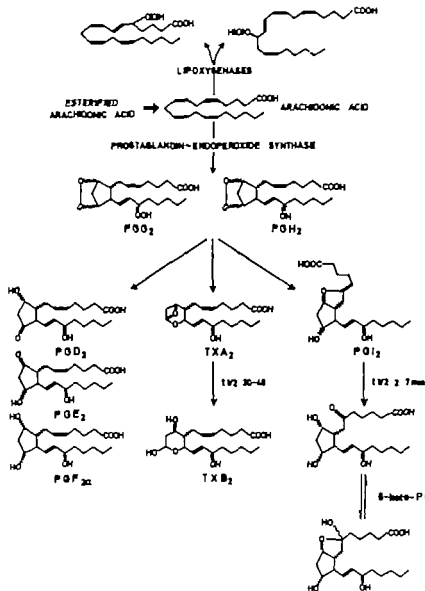


Fig 1 Some out in the metabolism of ar hidoni acid Arachidoni acid can be metabolized by *lip oxygenases* to hydroperoxy- and hydroxy-eicosatetraenoic acids or by *prostaglandin (PG) endoperoxide synthase* to the prostaglandin and p roxides PGG<sub>2</sub> and PGH<sub>2</sub> Prosta- glandin ndoperoxid ar unstable in water solutions with a half lif of 5 min at 37°C *Prostaglandins* e.g. PGD<sub>2</sub>, PGE<sub>2</sub> and PGF<sub>2α</sub> can be formed non-enzymatically from the p ostaglandin ndoperoxid, but enzyme tic isomerisation t PGD<sub>2</sub> and PGE<sub>2</sub> and red ction to PGF<sub>2α</sub> have been

The prostaglandin endoperoxide synthase (EC 1.14.99.1) converts arachidonic acid into the prostaglandin endoperoxide  $\text{PGG}_2$  through a cyclo-oxygenase reaction followed by a peroxidase reaction to yield the prostaglandin endoperoxide  $\text{PGH}_2$  (Miyamoto et al 1976 Healer et al 1976 van der Ouderaa et al 1977 Bhat et al 1978). Experimental evidence for the existence of prostaglandin endoperoxides as intermediates in prostaglandin biosynthesis was obtained already in 1965 by Samuelsson. Isolation of prostaglandin endoperoxides was accomplished in 1973 (Hamberg and Samuelsson Nugteren and Hazelhof). The isolated prostaglandin endoperoxides could readily be converted into prostaglandins.

Studies on the metabolism of  $\text{PGG}_2$  and  $\text{PGH}_2$  led to the discovery of two novel compounds of considerable biological interest called thromboxanes and prostacyclin respectively (Hamberg et al 1975 Moncada et al 1976). The metabolism of arachidonic acid to prostaglandins and related substances is described in Fig. 1 (cf Samuelsson et al 1978a for review).

The metabolism of arachidonic acid in various tissues to prostaglandins and related substances depends on the availability of prostaglandin endoperoxide synthase cofactors and the prostaglandin endo-

found in some tissue (Christ-Hazelhof et al 1976 Ogino et al 1977 Abdel Halim et al 1977). The enzyme complex which forms prostaglandins from their precursor acids is often referred to as prostaglandin synthase. Prostaglandin synthase has been found in almost all animal tissue but particularly in the peripheral vessels and in rabbit renal medulla (Christ and van Dorp 1972). Thromboxane synthase was discovered in human platelets by Hamberg et al (1975) who proposed the chemical structure of thromboxane ( $\text{TXA}_2$ ) and its metabolite  $\text{TXB}_2$ .  $\text{TXA}_2$  is unstable in wat. solutions ( $t_{1/2}$  30-40 sec) and forms  $\text{TXB}_2$  with loss of biological activity.  $\text{TXA}_2$  is of physiological importance for the platelet aggregation reaction (Samuelsson et al 1978b). Prostacyclin synthase was discovered in arterial wall by Moncada et al (1976).  $\text{PGI}_2$  is unstable in wat. solution ( $t_{1/2}$  3-7 min) and hydrolyses to 6-keto- $\text{PGF}_{1\alpha}$  with loss of biological activity (Cho and Allen 1978 Armstrong et al 1978).

peroxide metabolizing enzymes. The latter enzymes seem to be rather unevenly distributed in the tissues. It is expected therefore that each tissue will be capable of generating a profile of prostaglandin endoperoxide metabolites characteristic of that tissue. Thus thromboxanes are found in platelets and  $\text{PGI}_2$  in vascular walls (Pace Asciak 1977b, Samuelsson et al 1978a, Vane 1978).

Prostaglandin endoperoxides, prostaglandins and thromboxanes appear to act locally rather than to be hormones by the classical definition of blood borne messengers. The prostaglandin endoperoxides and  $\text{TXA}_2$  are chemically unstable. Many prostaglandins are also inactivated by metabolism during passage through the lungs (eg. Xnggård and Samuelsson 1966, Piper et al 1970).  $\text{PGI}_2$  on the other hand is only partly metabolized by the lungs and might be a hormone in the classical sense (Moncada et al 1978, Waldman et al 1978, Garkens et al 1978).

#### Renal biosynthesis of prostaglandins

In 1965 Lee and his colleagues described a vasoactive compound in rabbit renal medulla. Later work revealed that it was a mixture of  $\text{PGE}_2$  and  $\text{PGA}_2$  (see Lee et al 1976 for review). Hamberg (1969) demonstrated the synthesis of  $\text{PGE}_2$  from exogenous arachidonic acid in homogenates of rabbit renal medulla. Cortical biosynthesis of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  was demonstrated more recently (Larsson and Xnggård 1973, 1976).

The *in vitro* biosynthesis of prostaglandins in the rabbit renal medulla has now been well characterized.  $\text{PGE}_2$ ,  $\text{PGF}_{2\alpha}$  and  $\text{PGD}_2$  are quantitatively most important (Blackwell et al 1975, Schwartzman et al 1976, Friesinger et al 1978). Prostaglandins are not stored in the kidney (Xnggård et al 1972). The rate limiting step in prostaglandin biosynthesis is generally considered to depend on the amount of free arachidonic acid available (Samuelsson 1970). The release of free arachidonic acid is influenced by phospholipase  $\text{A}_2$  which would appear to be the regulatory enzyme (Flower and Blackwell 1976). Bradykinin, angiotensin II and ADH have been proposed to stimulate phospho-

lipase  $A_2$  activity leading to release of arachidonic acid and an increased prostaglandin synthesis *in vitro* (Kalisker and Dyer 1972 Donon et al 1975 Zusman and Keiser 1977)

The localization of prostaglandin endoperoxide synthase in the kidney has been studied by histochemical (Janszen and Nugteren 1971) and immunochemical methods (Smith and Wilkin 1977) The enzyme has been found particularly in the collecting ducts The occurrence of prostacyclin and thromboxane synthase in the kidney has not yet been investigated

$PGI_2$  is converted to 6 keto  $PGF_{1\alpha}$  by hydrolysis (cf Fig 1) Renal cortical microsomes have been found to form 6 keto  $PGF_{1\alpha}$  from arachidonic acid and from prostaglandin endoperoxides *in vitro* (Zenser et al 1977 Whorton et al 1978) However the intrarenal distribution of prostacyclin synthase is unknown

Renal synthesis of  $TXA_2$  has been established in the hydronephrotic kidney of the rabbit on challenge with bradykinin (Morrison et al 1977) Rat renal microsomes can form  $TXB_2$  (Zenser et al 1977) but the amount of thromboxanes in the kidney is normally low and presumably without significance (Pace Asciak 1977b Morrison et al 1977)

The local action of prostaglandins in the kidney is terminated by removal of the prostaglandins to venous blood and to urine or by catabolism Renal cortex contains 15-hydroxyprostaglandin dehydrogenase type I which inactivates prostaglandins (Xnggård et al 1971 Larsson and Xnggård 1973 Pace Asciak et al 1977) Renal cortex and medulla also contain enzymes which dehydrogenate both 9 and 15 hydroxyprostaglandins (Katzen et al 1975 Stone and Hart 1975) These enzymes have not yet been separated (cf Lin and Jaraback 1978) and are referred to as type II 15-hydroxyprostaglandin dehydrogenase and 9-keto reductase respectively (Lee and Levine 1975 Stone and Hart 1975) The latter might be important for interconversion of prostaglandins E to F (Weber et al 1977b)

## Functional studies on renal prostaglandins

Studies on prostaglandins in the kidney have often aimed at examining (1) the effects of exogenous prostaglandins and related substances or (2) the effects of an increased or a reduced prostaglandin synthesis or (3) the renal prostaglandin synthesis under variations in renal function (for review see Dunn and Hood 1977 Andersson et al 1976 or Zins 1976)

Many observations on the *in vitro* effects of exogenous prostaglandins have been of interest Grantham and Orloff (1968) demonstrated that  $\text{PGE}_1$  counteracts the effects of ADH on water permeability in collecting ducts Other studies showed that arachidonic acid and  $\text{PGI}_2$  stimulated renin release from slices of rabbit renal cortex (Weber et al 1976 Whorton et al 1977) These findings indicate that renal prostaglandins could modify the release and effects of other renal hormones

Many studies have shown that prostaglandins might effect renal reabsorption of sodium However following *in vitro* applications of prostaglandins both stimulatory and inhibitory effects have been found (Fulgraff and Brandenbusch 1974 Fine and Trizna 1977 Dunn and Howe 1977 Kauker 1977 Iino and Imai 1978) *In vivo* arterial infusion of  $\text{PGE}_2$   $\text{PGD}_2$  or  $\text{PGI}_2$  may increase renal blood flow sodium excretion and renin release (Gerber et al 1978a Friesinger et al 1978) The physiological significance of the renal effects of exogenous prostaglandins can be questioned The level of prostaglandins in the renal artery is normally lower than during infusion experiments Furthermore, infusion of one selected prostaglandin is not likely to mimic the effects of prostaglandin endoperoxides and their metabolites in the kidney

A more physiologically relevant way to study the effects of renal prostaglandin synthesis on renal function might be through the ad

administration of arachidonic acid by using the precursor overload technique. Arachidonic acid increases renal blood flow, renin release and sodium excretion and these effects can be blocked by inhibitors of prostaglandin synthesis (Larsson *et al* 1974, Tannenbaum *et al* 1975, Bolger *et al* 1976, Gerber *et al* 1978b).

The effects of a reduced prostaglandin biosynthesis can be studied by depriving the experimental animal of prostaglandin precursor acids (essential fatty acids, van Dorp 1976) or by blocking prostaglandin biosynthesis. The latter method has been widely used since 1971 after Vane and coworkers had made the important discovery that aspirin, indomethacin and other nonsteroidal anti-inflammatory drugs inhibit prostaglandin biosynthesis (see Vane 1978 for review). These drugs block the cyclooxygenase reaction. The formation of prostaglandin endoperoxides and their metabolites are therefore inhibited to the same extent.

The nonsteroidal anti-inflammatory drugs have been found to reduce renal blood flow, especially in response to vasoconstrictor stimuli (Zins 1975). These drugs also block renin release *in vivo* and *in vitro* (see Dunn and Hood 1977 for review) and augment the renal effects of ADH (Andersson *et al* 1976). However, renal sodium reabsorption is variably affected: these drugs can reduce sodium excretion in anesthetized dogs (eg Feigen *et al* 1976) or increase it in unanesthetized animals (Kirschenbaum and Stein 1976).

Changes in renal prostaglandin synthesis *in vivo* have been estimated from the secretion of prostaglandins to renal blood or from the excretion of prostaglandins in urine. The former method may overestimate the renal prostaglandin secretion due to contributions of prostaglandins formed by the blood during blood sampling (Samuelsson *et al* 1975). Urinary excretion of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  is probably a better indicator of renal prostaglandin biosynthesis (Dunn and Hood 1977). Renal prostaglandin biosynthesis and urinary excretion of

$\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  change in parallel (Frölich et al 1975 Dunn et al 1978) This assumption is also based on the low arterial levels of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  (Samuelsson et al 1975) and on the metabolism of extrarenal prostaglandins during circulation through the kidneys and their excretion in urine as  $\text{C}_{16}$  or  $\text{C}_{18}$  metabolites (Granström 1972)  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  in urine are therefore likely to originate from the kidneys or the urinary tract

Previous studies have indicated that renal prostaglandins might be of importance in modulation of renal blood flow for the renal effects of ADH and for renin release The renin angiotensin system is generally believed to be involved in sodium retaining mechanisms in the kidney (Davis and Freeman 1976) The role of the renal prostaglandins in the local regulation of sodium excretion is unsettled The present studies focus on the role of prostaglandin in the control of sodium excretion in the rabbit kidney specifically in relation to sodium balance to activation and action of the renin angiotensin system and to the effects of loop diuretics such as furosemide

The results were achieved by a combination of pharmacological and biochemical techniques Nonsteroidal anti inflammatory drugs were used to study the renal effects of a reduced prostaglandin biosynthesis Chemical and radioimmunological methods were used to measure prostaglandins in kidney and in urine After characterization of these techniques the aims were to study the renal prostaglandins and renal function

- (i) During acute changes in extracellular fluid volume
- (ii) During chronic changes in sodium intake
- (iii) In relation to the renal effects of furosemide
- (iv) In relation to the renin angiotensin system



## METHODS

The principles of the methods and of the experimental procedures will be surveyed. Some complementary remarks are added in addition to the descriptions in papers I-VI.

### Mass fragmentographic analysis of $\text{PGE}_2$ , $\text{PGF}_{2\alpha}$ and 6 keto- $\text{PGF}_{1\alpha}$ (I, IV-V)

Prostaglandins were measured by mass fragmentography. In this technique (Axén *et al.* 1971) a deuterated internal standard is added to the biological sample prior to purification procedures. In the final mass spectrometric analysis the endogenous amount in the sample can then be obtained from the deuterium/protium ratio of the sample.

*Determination of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$*  The renal concentration of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  increases rapidly after death (Kjgård *et al.* 1972). The time for the accumulation of prostaglandins was therefore set to 5 minutes (I-V). Prostaglandins in the renal tissue samples were purified by established methods: viz. homogenization, centrifugation, chromatography on Amberlite XAD-2 (Grén 1971) and separation of  $\text{PGE}$  and  $\text{PGF}$  compounds by silicic acid chromatography using step wise elution (Samuelsson 1963).

Many derivatives of  $\text{PGF}_{2\alpha}$  suitable for analysis by gas chromatography-mass spectrometry (GC-MS) have been described (eg. Axén *et al.* 1971, Sugiyama and Hirano 1974, Middleditch and Desiderio 1973a). The methyl ester trimethylsilyl ether derivative of  $\text{PGF}_{2\alpha}$  was chosen for analysis because of favourable mass fragmentographic properties (eg. Oswald *et al.* 1974). The ketogroup of E prostaglandins has to be derivatized prior to GC-MS analysis eg. by methoxylation or by dehydration of  $\text{PGE}$  to  $\text{PGB}$  compounds (Grén 1969, Middleditch and Desiderio 1973b, Nicosia and

Galli 1974) Since analysis of  $\text{PGF}_{2\alpha}$  was relatively easy  $\text{PGE}_2$  was reduced to a mixture of  $\text{PGF}_{2\alpha}$  and  $\text{PGF}_{2\beta}$  by sodium borohydride and derivatized to the methyl ester trimethylsilyl ether of  $\text{PGF}_{2\alpha}$  and  $\text{PGF}_{2\beta}$

*Determination of 6-keto- $\text{PGF}_{1\alpha}$*  The mass fragmentographic analysis was performed essentially as described by Pace Asciak (1977a). The urine and kidney samples were purified by preparative thin layer chromatography (TLC). The analysis was associated with some initial difficulties since unlike other prostaglandins 6 keto  $\text{PGF}_{1\alpha}$  could not be stored in absolute ethanol and 6 keto  $\text{PGF}_{1\alpha}$  and its lactol forms separate in some TLC systems.

*Comments on mass fragmentography* Mass fragmentography is characterized by high precision, specificity and sensitivity if the deuterated standard contains little of the protium form and if the biological samples contain little interfering material in the final mass fragmentographic analysis. To exclude such non specific interference it was essential to demonstrate that different fragments of the prostaglandin derivatives gave the same deuterium/protium ratio (I-V).

$\text{PGE}_2$  was measured after reduction to  $\text{PGF}_{2\alpha}$  and  $\text{PGF}_{2\beta}$ . This step reduced the specificity since other substances could also be converted to  $\text{PGF}_2$ . However, this problem was minimized by purifying  $\text{PGE}_2$  in the samples before reduction and by using  $\text{PGF}_{2\beta}$  which is not naturally occurring in the final analysis (see I for discussion).

#### Radioimmunoassays for $\text{PGF}_{2\alpha}$ and $\text{PGE}_2$ (I-VI)

Mass fragmentographic determination of prostaglandins was not possible in series of small urine samples obtained during acute experiments. Radioimmunoassays for  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  were therefore developed because of their potential high capacity and sen-

sitivity The radioimmunoassay methods for analysis of prostaglandins were recently reviewed by Granström (1978)

*Antisera against  $\text{PGF}_{2\alpha}$  and  $\text{PGF}_{2\beta}$*  Antibodies against  $\text{PGF}_{2\alpha}$  were raised in rabbits by immunization with  $\text{PGF}_{2\alpha}$  coupled to bovine serum albumin Water soluble carbodiimide was used in the coupling reaction (Caldwell *et al* 1972)  $\text{PGE}_2$  is unstable under these conditions (Levine 1973) However  $\text{PGE}_2$  in biological samples can be quantitatively reduced to a mixture of  $\text{PGF}_{2\alpha}$  (30-40%) and  $\text{PGF}_{2\beta}$  (60-70%) by treatment with sodium borohydride (Lindgren *et al* 1974) The  $\text{PGF}_{2\alpha}$  and  $\text{PGF}_{2\beta}$  formed can both be measured by radioimmunoassay (Lindgren *et al* 1974) This method was adopted and antibodies were raised against  $\text{PGF}_{2\beta}$  in the same way as described above for  $\text{PGF}_{2\alpha}$

The two antisera were used in final dilutions of 1:20 000-1:50 000 these solutions binding about 50% of radioactive tracer (specific activity 60-160 Ci/mmol) Free and bound antigen were separated by precipitating the bound antigen with polyethylene glycol according to van Orden and Farley (1973) The supernatant containing unbound radioactivity was dissolved in a scintillator based on toluene ethanol and Triton X 100<sup>R</sup> and usually counted to 10 000 disintegrations Standard curves and cross reactions with various prostaglandins are summarized in Fig. 2 for the  $\text{PGF}_{2\alpha}$ - and  $\text{PGF}_{2\beta}$ -antisera The dissociation constants and the concentration of binding sites in the two antisera were estimated by Scatchard plots as illustrated in Fig. 3 (cf. Berson and Yalow 1959)

*Comments on precision, variability and specificity* The radioimmunoassays were found to have inter assay and intra assay va

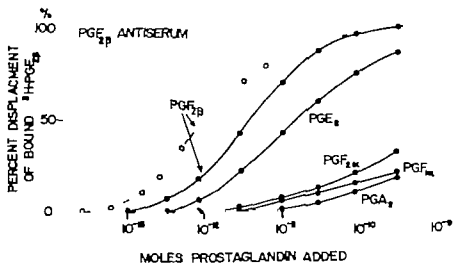
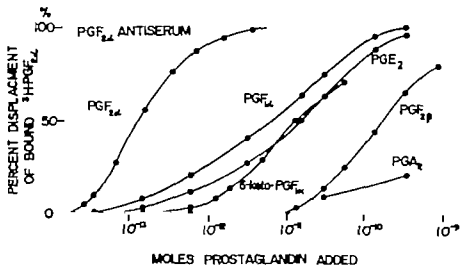


Fig 2 Standard curves and cross-reactions of the PGF<sub>2α</sub> antiserum (top) and the PGF<sub>2β</sub>-antiserum (bottom) with some prostaglandins. The two standard curves for PGF<sub>2β</sub> illustrate the use of <sup>3</sup>H-PGF<sub>2β</sub> with high and low specific activity (about 150 and 60 Ci/mmol).

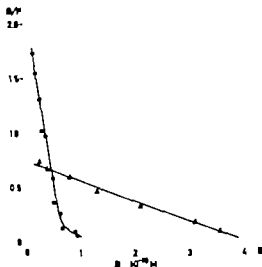


Fig 3 A plot of  $B/F$  versus  $B$  for the  $PGF_2\alpha$ -antiserum (1:50 000 -  $\bigcirc$ ) and the  $PGF_2\beta$ -antiserum (1:21 000 -  $\triangle$ ) where  $F$  denotes free and  $B$  bound antigen. Interpretation according to  $B/F = K(Ab - B)$  yield for the  $PGF_2\alpha$ -antiserum dissociation constant ( $K$ ) equal to  $3 \times 10^{10}$  l/mol and  $7 \times 10^{11}$  M as the concentration of binding sites ( $Ab$ ). Corresponding figures for the  $PGF_2\beta$ -antiserum were  $2 \times 10^9$  l/mol and  $4 \times 10^{10}$  M respectively.

variation coefficients in the range of 13-18% (I-IV). To reduce the error due to inter-assay variation all urine samples from each experiment were analyzed at one time and the results were in most cases expressed as per cent of control levels (cf Kindahl 1978).

There were several reasons for the intra assay variation. The radio immunoassays were performed in five to seven sampling steps followed by centrifugation and decantation to separate bound and unbound ligand. The standard curve were constructed by plotting  $^3\log$  (added  $PGF_2$ ) on the abscissa versus fraction of displaced radio activity on the ordinate (cf Fig 2). If complete saturation of the antibodies is assumed (Cekan 1976, Shaw *et al* 1977) the relative error of a determination on the ordinate corresponds to a relative error on the abscissa which is at least four times larger (see Appendix). All unknown samples were analyzed in duplicate and the standard curve was based on triplicate analysis.

as an approach to reduce this inherent dispersion

The problem of specificity was emphasized in the separate publications by referring to radioimmunoassay data as immunoreactive  $\text{PGF}_{2\alpha}$  (i $\text{PGF}_{2\alpha}$ ) and i $\text{PGE}_2$  respectively. For convenience this notation is not used here. Attempts to increase the specificity of the radioimmunoassay by purification of the samples using organic solvents have led to problems with blanks (cf Kindahl 1978).  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  were therefore measured in unextracted rabbit urine. In spite of the specificity of the antisera (cf Fig. 2) known or unknown compounds with structural resemblance to  $\text{PGF}_{2\alpha}$  and  $\text{PGF}_{2\beta}$  could occur in concentrations sufficient to disturb the analyses of prostaglandins in rabbit urine. It was therefore necessary to validate the radioimmunoassays.

$\text{PGF}_{2\alpha}$  was measured by mass fragmentography and by radioimmunoassay in urine from six rabbits. To reduce the interassay variation the radioimmunoassay was performed four times. The mass fragmentography was run in duplicate as follows (Sjöquist *et al* unpublished). A 5 ml urine sample was extracted twice with chloroform at pH 3 and the dried chloroform extracts were evaporated, methylated and purified by preparative TLC (system ethyl acetate:methanol:water 80:13:50). The zone corresponding to the  $\text{PGF}_{2\alpha}$  methyl ester ( $R_f$  0.67) was eluted and derivatized as described above. The mean deviation between the two methods was 13% demonstrating a reasonably good agreement (IV table I).

$\text{PGE}_2$  was measured by radioimmunoassay after reduction to  $\text{PGF}_{2\alpha}$  and  $\text{PGF}_{2\beta}$ . This reduced the specificity of the method as discussed above for the mass fragmentographic analysis of  $\text{PGE}_2$  in renal medulla. However  $\text{PGF}_{2\beta}$  is not naturally occurring in the rabbit. The amount of  $\text{PGE}_2$  in rabbit urine could be calculated as the sum of  $\text{PGF}_{2\beta}$  and the increase in  $\text{PGF}_{2\alpha}$  after reduction.

This procedure was unsuitable since rabbit urine often contained more  $\text{PGF}_{2\alpha}$  than  $\text{PGE}_2$ . The increase in  $\text{PGF}_{2\alpha}$  was small compared with the level before reduction and could usually not be measured with a high precision. Instead the amount of  $\text{PGF}_{2\beta}$  in the samples was used as a crude index of  $\text{PGE}_2$ .

The radioimmunoassay for  $\text{PGE}_2$  could not be validated as the  $\text{PGF}_{2\alpha}$  radioimmunoassay because mass fragmentographic methods for analysis of  $\text{PGE}_2$  in rabbit urine were not available. Nevertheless the urinary excretion of  $\text{PGE}_2$  in rabbits was also measured by bioassay on rat fundus according to Weeks *et al* (1968). The values obtained by the two methods were of the same order of magnitude (IV).

### Experimental

Male albino New Zealand rabbits were used for acute experiments. The chronic studies were performed on female albino rabbits of the same strain.

*Choice of anaesthetic* The rabbits were anesthetized with chloralose-urethane (I III VI). This method of anesthesia was chosen because Warren and Ledingham (1976) in a systematic study on the effects of different anesthetics on renal function demonstrated that chloralose urethane had little influence on renal blood flow and sodium excretion in the rabbit.

*Analysis of plasma renin activity (PRA)* PRA was measured by antibodies for angiotensin I essentially as described by Haber *et al* (1969) using a commercial kit obtained from SchwarzMann/BD Immunodiagnostics. To reduce the inter assay variability data were often calculated in per cent of control in each experiment.

*Comments on urine collection* In acute experiments urine was collected from ureter cannulas. The ureter of the rabbit is quite vulnerable and the cannulation sometimes resulted in a slight hematuria. To reduce the contribution of prostaglandins from the cells in urine or from formed elements of blood indomethacin was added to the collecting vials which were also chilled. In chronic experiments (IV V) 24 h urine specimens from rabbits in metabolic cages were collected in devices with dry ice to secure rapid cooling of the urine.

*Miscellaneous* Arterial blood pressure and ureteral pressure were recorded with a Statham pressure transducer (P23Dc) on a Grass polygraph model 7B. PAH, inulin and creatinine were analyzed by spectrophotometry according to Smith et al (1945) Hilger et al (1958) and Slot (1965) respectively and clearance was calculated by the standard formula.

*In vitro studies on 15 hydroxyprostaglandin dehydrogenases*

The enzyme 15 hydroxyprostaglandin dehydrogenase (EC 1.1.1.141) was purified from swine kidneys by centrifugation (100 000xg) ammonium sulfate precipitation and Sephadex G 100 chromatography as described by Xnggård and Samuelsson (1970). The purified enzyme preparation contained both type I ( $\text{NAD}^+$  linked) and type II ( $\text{NADP}^+$  linked) 15 hydroxyprostaglandin dehydrogenase activity. The enzymes could be separated by affinity chromatography on  $\text{PGF}_{2\alpha}$  agarose (Fig. 4). The  $\text{PGF}_{2\alpha}$  agarose was prepared by coupling  $\text{PGF}_{2\alpha}$  to  $\text{H}_2\text{N}(\text{CH}_2)_6$  agarose (AH Sepharose 4B Pharmacia Uppsala) using water soluble carbodiimide essentially as described for preparation of conjugates for immunization (I). The type II enzyme was not retained by the gel. The type I enzyme could be eluted by a shift in pH (Nagasawa et al 1971).

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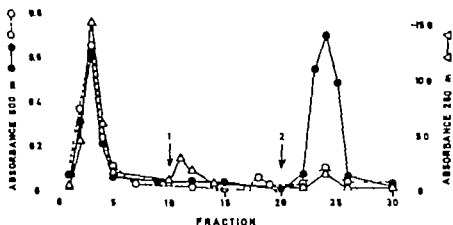


Fig 4 Separation of type I ( $\text{MAD}^+$ -linked) and type II ( $\text{NADP}^+$ -linked) 15-hydroxyprostaglandin dehydrogenases by affinity chromatography on  $\text{PGF}_{2\alpha}$ -agarose. The gel contained 2-4  $\mu\text{mol}$   $\text{PGF}_{2\alpha}$ /ml. The enzymes were applied in 3 ml followed by 30 ml 0.1 M potassium phosphate buffer pH 7.4. After washing with 0.5 M KCl in the same buffer (fi at arrow) elution of the type I enzyme was achieved by 0.1 M sodium acetate buffer pH 4.0 (a cond arrow). Absorbance at 280 nm indicates protein concentration and absorbance at 500 nm  $\text{MAD}^-$  and  $\text{NADP}^-$ -dependent enzyme activity.

The effects of diuretics on the purified enzyme of type I were studied by incubating the enzyme  $\text{PGE}_2$  ( $3 \times 10^{-4} \text{ M}$ ),  $\text{MAD}$  ( $2.5 \times 10^{-3} \text{ M}$ ) and the drug or solvent being tested in duplicate for 30 min at  $37^\circ\text{C}$ . The amount of 15 keto  $\text{PGE}_2$  formed was measured by spectrophotometry at 500 nm after alkali treatment as previously described (Xnggärd and Samuelsson 1970). The type II enzyme activity was measured in the same way but with  $\text{NADP}$  ( $2.5 \times 10^{-3} \text{ M}$ ) instead of  $\text{MAD}$ .

### Statistics

In papers I, III and VI non parametric tests were employed. These included the sign test and Wilcoxon's rank sum test (Dixon and Massey 1957). In papers IV and V Student's t test was used. In all cases a p value below 0.05 was considered significant.

## RESULTS AND DISCUSSION

### Effects of nonsteroidal anti-inflammatory drugs on renal prostaglandin synthesis (I)

Nonsteroidal anti inflammatory drugs have been widely used to study the *in vivo* effects of a reduced renal prostaglandin biosynthesis (see Dunn and Hood 1977 for review) While these drugs effectively inhibit rabbit renal prostaglandin synthesis *in vitro* (Blackwell et al 1975 Pong and Levine 1976) their use as inhibitors *in vivo* has not been thoroughly investigated Differences in distribution and in the rate and route of elimination of the drugs might thus invalidate *in vitro* observations (Brune et al 1976) It was therefore necessary to characterize dose and time-response relationships for inhibition of renal prostaglandin synthesis For this purpose four drugs were chosen aspirin diclofenac sodium indomethacin and naproxen all of which have previously been found to reduce prostaglandin synthesis in *in vitro* systems (Tomlinson et al 1972 Ku et al 1975 Blackwell et al 1975 Pong and Levine 1976)

The *in vivo* effects of the four drugs were studied on the concentration of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  in the rabbit renal medulla The prostaglandins were measured by mass fragmentography At five minutes ~~at mortem~~ the accumulated levels of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  in the medulla untreated rabbits were  $9.2 \pm 2.2$  (S.D.) and  $1.5 \pm 0.6$   $\mu\text{g/g}$  wet weight respectively These amounts are greater than the *in vivo* levels since prostaglandins accumulate rapidly in tissues after death (van Dorp 1971 Anggård et al 1972) These high levels of prostaglandins were considered suitable as a starting point for studying the inhibitory effects of the four drugs on prostaglandin synthesis

The four drugs reduced  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  synthesis in a dose-dependent manner and their levels in the renal medulla decreased in parallel Thirty min after i.v. drug administration the  $\text{ED}_{95}$  for inhibition

of renal prostaglandin synthesis was 15 mg/kg of aspirin 15 mg/kg of diclofenac sodium 15 mg/kg of indomethacin and 5 mg/kg of naproxen

The duration of inhibition of prostaglandin synthesis after a dose twice the  $ED_{95}$  was estimated by following the urinary excretion of  $PGE_2$  and  $PGF_{2\alpha}$  by radioimmunoassay. The depression of urinary prostaglandin excretion lasted for up to three hours. The urinary excretion of  $PGE_2$  and  $PGF_{2\alpha}$  was however not completely reduced in spite of this high dose. The inhibition seldom exceeded 95% indicating that higher doses may be needed to completely decrease prostaglandin excretion *in vivo*.

In subsequent *in vivo* experiments aspirin, diclofenac sodium and indomethacin were used in doses twice  $ED_{95}$  in order to study the renal effects of prostaglandin synthesis inhibition (II-VI). It was noticed in these experiments that the inhibition of urinary prostaglandin excretion was not complete and usually ranged between 70 and 95%.

There are few comparative studies on inhibition of renal prostaglandin synthesis after *in vivo* administration of nonsteroidal anti-inflammatory drugs. Gafni *et al* (1978) compared the potency and duration of aspirin, indomethacin and meclofenamic acid on the prostaglandin synthesis in rabbit renal medulla *in vivo*. Their results for indomethacin and aspirin are similar to the results above. They found indomethacin (1 mg/kg) and aspirin (10 mg/kg) to be the lowest dose producing a maximal degree (92-98%) of prostaglandin synthesis inhibition. The maximal inhibition lasted 2 h for indomethacin and 6 h for aspirin.

The present results and the study by Gafni *et al* (1978) indicate the doses of aspirin like drugs that are likely to reveal the possible physiological effects of a reduced renal prostaglandin synthesis. These drugs can reduce prostaglandin synthesis at doses which are lower than those needed to elicit many other pharmacological effects (Vane

1978) The use of nonsteroidal anti inflammatory drugs at a dose twice  $ED_{95}$  might therefore be justified. However, results obtained with aspirin like drugs should be interpreted with caution when used to infer the functional importance of prostaglandins (Flower 1974, Dunn and Hood 1977). Such conclusions are likely to be more justified if studies with structurally different inhibitors of prostaglandin synthesis give similar results.

#### 6 keto prostaglandin $F_{1\alpha}$ in rabbit kidney (V)

6 keto  $PGF_{1\alpha}$  was demonstrated in rabbit renal medulla and cortex by mass spectrometry (V). The ~~post mortem~~ accumulation of 6 keto  $PGF_{1\alpha}$  was measured by mass fragmentography in renal cortex, medulla and papilla. The cortex contained  $1.4 \pm 0.3$  (S.E. n=9), the medulla  $2.1 \pm 0.3$  (n=8) and the papilla  $3.7 \pm 0.7$  (n=4)  $\mu\text{g/g}$  wet weight. 6 keto  $PGF_{1\alpha}$  is formed from  $PGI_2$  by hydrolysis (Cho and Allen 1978). The demonstration of large amounts of 6 keto  $PGF_{1\alpha}$  in the kidney indicates a considerable synthesis of  $PGI_2$ .

The level of 6 keto  $PGF_{1\alpha}$  increased from the renal cortex to the papilla. Accumulation of other prostaglandins has also been found to be most abundant in medulla and papilla (cf. Xnggård et al 1972, Larsson and Xnggård 1976). The difference in prostaglandin synthesis between cortex and medulla could be due to the availability of enzymes, substrate, cofactors and catabolism or release of prostaglandins to blood and urine.

The levels of 6 keto  $PGF_{1\alpha}$  could be compared with the accumulated levels of  $PGE_2$  and  $PGF_{2\alpha}$  in the rabbit kidney. Under similar experimental conditions the renal medulla contained  $9.2 \pm 2.2$  (S.D.)  $\mu\text{g/g}$  of  $PGE_2$  and  $1.5 \pm 0.6$   $\mu\text{g/g}$  of  $PGF_{2\alpha}$  (I).  $PGE_2$  is thus quantitatively more important than  $PGF_{2\alpha}$  and 6 keto  $PGF_{1\alpha}$  in the medulla.

In the cortex the accumulation of 6 keto  $PGF_{1\alpha}$  is quite large in comparison with the reported levels of  $PGE_2$  and  $PGF_{2\alpha}$  (Larsson and Xnggård 1976).

gård (1976) found that the cortex of the rabbit kidney contained about 0.2 µg/g of PGE<sub>2</sub> and PGF<sub>2α</sub>. These results indicate that relative to PGE<sub>2</sub> and PGF<sub>2α</sub> the formation of PGI<sub>2</sub> and 6 keto PGF<sub>1α</sub> might be more important in the cortex. This is supported by a recent study of Whorton et al (1978) demonstrating that rabbit cortical microsomes produce significant amounts of 6 keto PGF<sub>1α</sub> from radioactive arachidonic acid or PGG<sub>2</sub> while medullary microsomes produced almost exclusively PGE<sub>2</sub>.

The renal cells which contain prostacyclin synthase are not known. It might be expected that the enzyme is located in close connection to prostaglandin endoperoxide synthase. The latter enzyme has been found particularly in the collecting ducts of the renal medulla (Janszen and Nugteren 1971, Smith and Wilkin 1977). However, prostacyclin synthase was originally discovered in vascular walls (Moncada et al 1976). It seems possible that 6 keto PGF<sub>1α</sub> in the renal cortex originates from PGI<sub>2</sub> formed by the vascular endothelium. Many effects of nonsteroidal anti-inflammatory drugs and arachidonic acid were previously attributed to effects on prostaglandin synthesis, in particular on formation of PGE<sub>2</sub> in the kidney (McGiff et al 1974, Larsson and Ånggård 1974). The relatively large cortical synthesis of 6 keto PGF<sub>1α</sub> indicates that inhibition of PGI<sub>2</sub> synthesis also might account for some of the effects of nonsteroidal anti-inflammatory drugs on renal blood flow and renin release (Whorton et al 1977, Garber et al 1978a).

#### Renal prostaglandin synthesis and renal function

Earlier studies indicated that prostaglandins could affect renal handling of sodium although their exact role was unsettled. Acute and chronic changes in sodium balance are compensated by partly different homeostatic mechanisms (eg Carey et al 1976). It was therefore of interest to study renal prostaglandins during acute changes in extracellular fluid volume and during chronic changes in sodium intake.

### *Relation to acute changes in extracellular fluid volume (II-III)*

**Volume expansion (II)** An acute extracellular fluid volume expansion with saline increases urinary sodium and water excretion which is often referred to as saline diuresis. The present study was performed to investigate how saline diuresis would affect urinary prostaglandin excretion and how inhibitors of prostaglandin synthesis would affect the saline diuresis.

An acute expansion of the extracellular fluid volume with Ringer solution (50 ml/kg/h for 1 h) in anesthetized rabbits enhanced sodium and water excretion, it depressed plasma renin activity and reduced the urinary excretion of  $\text{PGF}_{2\alpha}$  by over 50% (II). The changes in  $\text{PGE}_2$  excretion were inconsistent. Pretreatment with indomethacin and diclofenac sodium reduced urinary excretion of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  by 75-95% but enhanced the saline diuresis in comparison with the control group. These results suggested that during saline diuresis following volume expansion the renal prostaglandin synthesis might be reduced and that further reduction by indomethacin and diclofenac sodium augmented the urinary salt and water excretion.

These effects of indomethacin and diclofenac sodium on urine flow and sodium excretion during saline diuresis were unexpected. These drugs usually reduce sodium excretion in anesthetized animals (Zins 1975). This effect was also noted before the volume expansion (II cf. VI). The variable effects might be explained by differences in fluid and electrolyte balance.

Indomethacin and diclofenac sodium reduced renal blood flow but this effect was abolished during volume expansion (II). One explanation for the increased sodium excretion during extracellular fluid volume expansion might therefore be that the effects of the drugs on renal blood flow were counteracted, pointing to a natriuretic effect of prostaglandin synthesis inhibition as proposed by Kirschenbaum and Stein (1976, 1977).

Kirschenbaum and Stein (1976) found that meclofenamate a prostaglandin synthesis inhibitor increased sodium excretion in awake dogs undergoing water diuresis. During extracellular fluid volume expansion these workers demonstrated that the renal effects of indomethacin and meclofenamic acid could be explained by a decreased tubular reabsorption of sodium (Kirschenbaum and Stein 1977). These and other observations indicate an antinatriuretic role of prostaglandins in the kidney.

It is possible that effects of anesthetics might explain the contradictory results which have emerged. In anesthetized rats and dogs sodium excretion and saline diuresis were not augmented by inhibitors of prostaglandin synthesis (Leysack et al 1975, Susic and Spark 1975, Bohan and Wesson 1976, Feigen et al 1976, cf. Kirschenbaum and Stein 1977). The effects of nonsteroidal anti-inflammatory drugs on renal blood flow are increased in anesthetized animals (Zins 1976). It is therefore likely that the effects of these drugs on renal function depend on the experimental conditions such as type of anesthesia as well as fluid and electrolyte balance.

*Volume contraction caused by furosemide (III)* This study was performed to investigate the effects of an acute extracellular volume contraction on the urinary prostaglandin excretion. This was achieved with furosemide a potent loop diuretic.

A constant infusion of furosemide (0.13 mg/min for 1 h) to anesthetized rabbits increased sodium excretion tenfold, potassium and  $\text{PGE}_2$  excretion threefold and resulted in a substantial loss of sodium and water (III). The increase in  $\text{PGE}_2$  excretion occurred during the furosemide diuresis and could thus be related to the pharmacological effects of furosemide e.g. on sodium excretion, renin release or on renal blood flow.

The furosemide diuresis was followed by a large increase in urinary  $\text{PGF}_{2\alpha}$  excretion. The increase occurred when the diuretic effect of furosemide had terminated indicating that it was not related to

the furosemide induced losses of salt and water

Furosemide has previously been found to increase renal venous secretion of  $\text{PGE}_2$  in dogs (Williamson et al 1975) Furosemide also increases urinary excretion of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  in humans (Abe et al 1977 Weber et al 1977a Scherer et al 1978) although the temporal difference between the excretion of  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  noticed above have not been previously reported

The mechanism of the increase in renal excretion and secretion of prostaglandins following furosemide is unknown Weber et al (1977a) proposed that furosemide increased the urinary excretion of  $\text{PGF}_{2\alpha}$  by raising the plasma concentration of arachidonic acid and thus stimulating the renal prostaglandin synthesis This proposition could not account for the temporal difference between the effects of furosemide and the increase in  $\text{PGF}_{2\alpha}$  excretion Abe et al (1977) proposed that furosemide increased urinary prostaglandin excretion by inhibiting the enzyme 15 hydroxyprostaglandin dehydrogenase type 1 in the kidney Diuretic drugs have previously been found to inhibit this enzyme in placenta *in vitro* (Paulsrud and Miller 1974) but not *in vivo*

An *in vitro* study on the effect of furosemide and related drugs on the enzyme activity of 15 hydroxyprostaglandin dehydrogenase type 1 from swine kidney was performed This study was referred to as unpublished observations in III The results are summarized below

Diuretics	Per cent inhibition		$\text{I}_{50}$ (mM)
	0.1 mM	0.1 mM	
Bumetanide	0 - 4%	0 - 4%	-
Ethacrynic acid	$22 \pm 5\%$	$47 \pm 6\%$	1.5
Furosemide	7 - 2%	$41 \pm 5\%$	1.9
Polythiazide	$6 \pm 5\%$	$29 \pm 5\%$	4.0
Hydrochlorothiazide	0 - 4%	0 - 4%	-
Theophylline	0 - 4%	0 - 4%	-



Although many diuretics are excreted and concentrated in urine the relevance of inhibitory concentrations in the millimolar range is not clear and needs to be confirmed *in vivo*

The effect of furosemide was also tested on the type II 15 hydroxy prostaglandin dehydrogenase *in vitro*. Furosemide (1 mM) did not inhibit the enzyme. The possibility that furosemide increases urinary prostaglandin excretion by inhibiting 15 hydroxyprostaglandin dehydrogenase enzymes must therefore be considered unlikely (cf Gerber et al 1978c)

In summary two inhibitors of prostaglandin synthesis increased the diuretic effects of an acute extracellular volume expansion with Ringer solution. The expansion was also followed by a decreased urinary  $\text{PGF}_{2\alpha}$  excretion. An acute extracellular volume contraction caused by furosemide was followed by an increase in  $\text{PGF}_{2\alpha}$  excretion. The furosemide diuresis was also accompanied by a relatively small increase in  $\text{PGE}_2$  excretion indicating that renal prostaglandins might also be directly influenced by furosemide.

#### *Relation to chronic changes in sodium intake (IV V)*

Acute and chronic changes in sodium balance are compensated for by partly different mechanisms (Carey et al 1976). The results above indicated that prostaglandins could be involved in the renal homeostasis of acute changes of extracellular fluid volume. Renal prostaglandin synthesis is also affected by anesthetics (Zins 1976). The effects of chronic changes in intake of sodium chloride on urinary prostaglandin excretion were therefore studied in unanesthetized rabbits.

Female rabbits in metabolic cages were found to excrete significantly more  $\text{PGE}_2$  (IV) and  $\text{PGF}_{2\alpha}$  (IV V) when they were fed a low salt diet (0.05-0.4% NaCl) than when they were given a corresponding diet with more salt (2% NaCl or more). The changes in  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  excretion

did not seem to depend on changes in water consumption or on any other dietary differences (V)

The inverse relationship between the urinary excretion of sodium and prostaglandins indicated that the renal synthesis of prostaglandins is influenced by sodium intake. Similar observations have been made earlier. Leary et al (1974) found an impaired release of prostaglandins from kidneys of saltloaded rats. Tobian and O'Donnell (1976) found the level of  $\text{PGE}_2$  in the medulla of the rat kidney to be inversely related to sodium intake. The urinary excretion of  $\text{PGE}_2$  has also been found to be inversely related to sodium intake (Weber et al 1977b, Scherer et al 1978) but lack of such a relationship has also been reported (Lifschitz et al 1978).

The enhanced urinary excretion of prostaglandins in rabbits on a sodium restricted diet suggests that prostaglandins could be related to sodium conserving mechanisms. An antinatriuretic action of prostaglandins in the kidney was proposed by Tobian and O'Donnell (1976) and by Kirschenbaum and Stein (1976-1977). This hypothesis is in accordance with the effects of prostaglandin synthesis inhibitors on sodium excretion following an acute expansion with Ringer solution (II). Inhibition of prostaglandin synthesis could also be expected to increase sodium excretion in chronically sodium deprived rabbits. It was found that two days treatment with aspirin (30 mg/kg x 2) did not increase urinary sodium excretion significantly while the excretion of  $\text{PGF}_{2\alpha}$  was reduced by 85% (V). This unexpected finding is in agreement with a recent study by Lifschitz et al (1978) and does not support a major role of prostaglandins in the chronic regulation of sodium balance in the kidney. However, the renal prostaglandins might be related to other mechanisms which are influenced by acute or chronic changes in fluid and electrolyte balance such as renin release (cf Weber et al 1977b).

The urinary excretion of 6-keto  $\text{PGF}_{1\alpha}$  was not significantly changed by a 300 fold increase in urinary sodium excretion from

0.09 mmol Na<sup>+</sup>/day to 27.5 mmol Na<sup>+</sup>/day after addition of salt (V). This finding might indicate that renal synthesis of PGI<sub>2</sub> is not influenced by chronic variations in sodium intake. Another possibility is that the 6 keto-PGF<sub>1α</sub> detected in urine to a large extent originates from PGI<sub>2</sub> produced elsewhere in the body. PGI<sub>2</sub> might be a circulating hormone (Moncada et al 1978, Waldman et al 1978) which is 40% extracted during circulation through the kidneys (Gerkens et al 1978).

In summary, urinary excretion of PGE<sub>2</sub> and PGF<sub>2α</sub> was influenced by chronic changes in sodium intake in a way which suggests a connection with sodium conserving mechanisms such as the renin-angiotensin system.

Prostaglandins and the renin-angiotensin system (II, IV, V, VI)

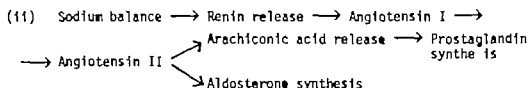
#### *Two alternative mechanisms*

Renin release is increased by sodium deficiency and depressed by sodium loading (Davis and Freeman 1976). The urinary excretion of PGE<sub>2</sub> and PGF<sub>2α</sub> during variations in sodium intake indicate that renal prostaglandin synthesis and renin release change in parallel.

Many observations indicate that prostaglandins could be involved in renin release mechanisms. Arachidonic acid, the prostaglandin precursor acid, has been found to increase renin release both *in vivo* (Larsson et al 1974, Bolger et al 1976) and *in vitro* (Weber et al 1976). Prostaglandin endoperoxides and PGI<sub>2</sub> also increase renin release *in vitro* (Weber et al 1976, Whorton et al 1977). Conversely, inhibitors of prostaglandin synthesis have been found to reduce renin release both *in vitro* and in many *in vivo* situations (Larsson et al 1974, Weber et al 1976, Romero et al 1976, see Dunn and Hood 1977 for review). These studies support an effect of renal prostaglandin synthesis on renin release, possibly according to the following scheme:

- (1) Arachidonic acid release → Prostaglandin synthesis →  
Renin release → Angiotensin I → Angiotensin II →  
→ Aldosterone synthesis

There might however be an alternative explanation to the parallel changes in urinary prostaglandin excretion and the activity of the renin angiotensin system. Renal prostaglandin synthesis could be influenced by angiotensin II according to the following scheme



Angiotensin II has thus been found to increase renal prostaglandin synthesis *in vitro* (Danon et al 1975) and to increase urinary prostaglandin excretion (Frölich et al 1975 Dunn et al 1978). An increased renal synthesis of vasodilating prostaglandins following angiotensin II has also been proposed to defend the renal circulation against its vasoconstrictor effect (Aiken and Vane 1973 McGiff et al 1974). The variations in urinary prostaglandin excretion could be explained by either of the above two mechanisms although it is obvious that the two mechanisms cannot operate at the same time. Prostaglandin synthesis and renin release could in this case be expected to mutually reinforce each other and increase beyond all limits.

#### *Prostaglandin and renin-angiotensin interactions in an acute ureteral occlusion (VI)*

The proposed mechanisms (i) and (ii) discussed above were experimentally tested using an acute unilateral ureteral occlusion as a model for prostaglandin and renin angiotensin interactions. An acute ureteral occlusion releases renin which in turn leads to formation of endogenous angiotensin II (Elde et al 1977).

According to proposition (i) prostaglandins could be important for the release of renin. This was studied during an acute ureteral occlusion using diclofenac sodium to inhibit prostaglandin synthesis.

According to proposition (ii) endogenous angiotensin II could increase the prostaglandin synthesis of the contralateral kidney. This

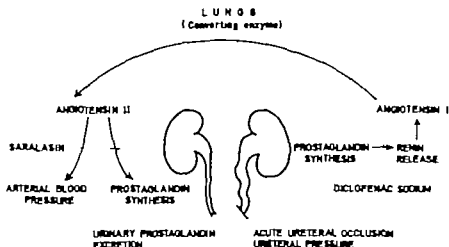


Fig 5 An acute unilateral ureteral occlusion as a model for prostaglandin and renin-angiotensin interactions (see text for explanation)

was studied by following the urinary excretion of prostaglandins from this kidney and by using saralasin to block the effects of endogenous angiotensin II. The experimental model is illustrated in Fig 5.

In the control group the unilateral ureteral occlusion increased the arterial blood pressure ( $11 \pm 5$  mm Hg Fig 6), the plasma renin activity (3.5 times) and the urinary excretion of prostaglandins (4.5 times) in the contralateral kidney. The elevation of plasma renin activity indicated that angiotensin II could be responsible for the increase in arterial blood pressure and for the increase in urinary excretion of prostaglandins. This hypothesis was tested by infusion of saralasin at a rate which blocked the pressor effect of exogenous angiotensin II.

During infusion of saralasin the increase in arterial blood pressure following the ureteral occlusion was blocked although the increase in urinary prostaglandin excretion was unaffected. These results indicated that angiotensin II was of importance for the increase in arterial blood pressure. In this case the increase in urinary prostaglandin

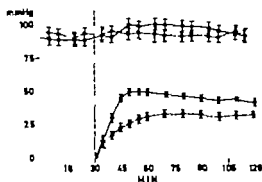


Fig 6 Mean arterial blood pressure and mean ureteral pressure following an acute ureteral occlusion at the dotted line (30 min) Controls (n=6  $\bullet$ — $\bullet$ ) and diclofenac sodium pretreated group (3 mg/kg n=6  $\circ$ — $\circ$ ) The ureteral pressure of the latter group was significantly reduced. A similar effect of indomethacin on the ureteral pressure in dogs was recently reported by Allen *et al* (1978)

renin excretion could be due to activation of other factors besides angiotensin II

Pretreatment with diclofenac sodium abolished the increase in plasma renin activity after ureteral occlusion and blocked the increase in arterial blood pressure (cf Fig 6). The results support the concept that prostaglandins might be important for renin release and that renin-angiotensin in turn mediates the increase in arterial blood pressure. These findings are in agreement with proposition (i).

Diclofenac sodium reduced the pressure of the occluded ureter in comparison with the control group (Fig 6) indicating that prostaglandin synthesis inhibition enhanced the resistance of the afferent arterioles. The afferent arterioles play an important role in the baroreceptor control of renin release (Davis and Freeman 1976). The effect of diclofenac sodium on renin release and on renal blood flow may therefore be closely interrelated.

Renin release is regulated by at least two major intra-renal receptor mechanisms (Davis and Freeman 1976)

- (1) The renal baroreceptor of the afferent arterioles
- (2) The sodium chloride sensitive macula densa receptor of the distal tubules. Both receptors could be activated by an acute ureteral occlusion.

Ad (1) After an acute ureteral occlusion there is a paradoxical vaso dilatation in the kidney (Murphy and Scott 1966 Eide et al 1977) which might increase renin release by the baroreceptor mechanism. The vasodilatation can be blocked by inhibitors of prostaglandin synthesis (Olsen et al 1976 Allen et al 1978). The reduced renin secretion following diclofenac sodium indicated that prostaglandins might be involved in the baroreceptor control of renin release (cf Data et al 1978)

Ad (2) An acute ureteral occlusion reduces the amount of sodium reaching the macula densa. This might stimulate renin release by the macula densa receptor mechanism (Eide et al 1977). It is however less likely that diclofenac sodium reduced renin release by this mechanism. The drug reduced the ureteral pressure and thus less sodium was filtrated in the glomeruli. Diclofenac sodium would therefore be expected to increase rather than decrease renin release by this mechanism. The renal vasodilatation and the increase in renin release could be explained by an increased prostaglandin synthesis following an acute ureteral occlusion. Experimental evidence indicates that this might be the case. Olsen et al (1976) and Olsen 1978 found that a rise in intrarenal pressure augmented the urinary excretion of prostaglandins from the affected kidney. The effects of diclofenac sodium on renin release on ureteral pressure and on renal blood flow could therefore be attributed to inhibition of prostaglandin synthesis in the renal cortex.

The renal cortex was found to form relatively large amounts of 6 keto  $\text{PGF}_{1\alpha}$  (V) indicative of an important synthesis of  $\text{PGI}_2$  in this region (Whorton et al 1978).  $\text{PGI}_2$  is a potent renal vasodilator (Friesinger et al 1978). It increases renin release both *in vivo* and *in vitro* (Whorton et al 1977 Gerber et al 1978a). The present study indicates a possible role of cortical prostaglandins in regulation of renin release and renal blood flow. Prostaglandins might increase renin release either by a direct action on the renin-containing

ing cells or indirectly by renal vasodilation and the baroreceptor mechanism. These effects of cortical prostaglandins on renal blood flow and renin release are likely to be closely linked.

Prostaglandins in the kidney might influence the renal handling of sodium and water via effects on renal blood flow on the renin angiotensin aldosterone system or directly on the renal tubular cells. The renal circulatory effects of prostaglandins could promote sodium and water excretion eg by opposing renal vasoconstriction. It might also be argued that prostaglandins could cause sodium retention by stimulating the renin angiotensin aldosterone axis. Finally prostaglandins might have tubular effects as proposed by many other investigators. It seems that the possible tubular effects of prostaglandins are difficult to experimentally separate from their other renal actions. The present series of experiments indicate that under certain experimental conditions renal prostaglandins might be involved in sodium and water retaining mechanisms indirectly via stimulation of the renin angiotensin aldosterone system and directly by the possible tubular actions of prostaglandins.



## CONCLUSIONS

The prostaglandin system of the rabbit kidney was studied with emphasis on the regulation of acute and chronic changes in sodium balance the renin angiotensin system and the effects of diuretics. The results were achieved by a combination of pharmacological and biochemical methods.

1.  $\text{PGE}_2$  was quantitatively the most important prostaglandin in the renal medulla while 6 keto  $\text{PGF}_{1\alpha}$  the stable product of  $\text{PGI}_2$  was quantitatively the most important prostaglandin in the cortex.
2. The dose- and time response relationships for inhibition of renal prostaglandin synthesis *in vivo* were determined for aspirin, diclofenac sodium, indomethacin and naproxen. The results were used in subsequent experiments.
3. Diclofenac sodium and indomethacin enhanced the saluretic and diuretic effects of an acute extracellular volume expansion with Ringer solution in anesthetized rabbits.
4. Urinary  $\text{PGF}_{2\alpha}$  excretion was decreased by an acute volume expansion caused by Ringer solution and it was increased by an acute volume contraction caused by furosemide. Furosemide also increased urinary  $\text{PGE}_2$  excretion which might be related to the renal vasodilating action of this drug.
5. Chronic sodium loading in conscious rabbits decreased the urinary  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  excretion while chronic sodium deficiency enhanced the urinary  $\text{PGE}_2$  and  $\text{PGF}_{2\alpha}$  excretion. These results suggested a connection between renal prostaglandins and renal control of sodium balance and in particular with the renin angiotensin system.
6. The relations between the renal prostaglandins, renin release and the action of angiotensin II were studied during an acute unilateral occlusion. The occlusion increased plasma renin activity (PRA), the arterial blood pressure and the urinary prostaglandin excretion from the contralateral kidney. Infusion with saralasin, an angiotensin II antagonist, blocked the increase in arterial blood pressure.

pressure but not urinary prostaglandin excretion suggesting that other mechanisms besides angiotensin II may be involved in regulation of renal prostaglandin synthesis. Pretreatment with diclofenac sodium blocked the increase in PRA and arterial blood pressure and reduced the pressure in the occluded ureter. The results indicate a role of prostaglandins in regulation of renal blood flow and renin release. Renal prostaglandins might increase renin release either by a direct action on the renin containing cells or indirectly by renal vasodilatation and the baroreceptor mechanism.

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I could have done it in a much more  
complicated way said the red Queen  
immensely proud

Lewis Carroll

### Comments on the reliability of radioimmunoassays

The radioimmunoassays for prostaglandins were found to have a rather large dispersion although in the same range as reported for other assays (eg Cekan 1976 Kindahl 1978). Since this problem might be generally encountered it seemed justified to briefly discuss the intra assay variability. In the following it is assumed that the anti sera are saturated with tracer and ligand the so called model of saturation analysis (Cekan 1976 Shaw et al 1977) and that tracer and ligand have the same affinity for the antibodies.

### Abbreviations

$B(x)$  denotes bound tracer (radioactivity or absolute amount) when  $x$  non labelled ligand is added.  $F(x)$  denotes free tracer. The total amount of tracer is  $T = B(x) + F(x)$ .  $\text{Logit } x = \frac{1}{2} \log \{x/(1-x)\}$ .  $\tanh x = (\exp 2x - 1)/(\exp 2x + 1)$  and  $\Phi$  the normal distribution function.

### Sampling statistics

Let the number of samples be  $N$  and let each sample be assayed in  $n$  replicate. Let  $F^1(x), F^2(x), \dots, F^n(x)$  be the radioactivity of the unbound tracer in a sample with  $x$  ligand.  $F^1(x)$  is subject to errors of pipetting, separation of free and bound tracer, counting of radioactivity etc. If all  $F^i(x)$  are counted to a fixed number of disintegrations it may then be reasonable to assume that all  $F^i(x)$  are normally distributed independent stochastic variables with the same mean dependent on  $x$  and the same variance independent of  $x$  (see below).

$F^1(x)$  is transformed to the fraction of displaced tracer by subtracting  $F(0)$  and dividing with  $B(0)$  i.e. by setting  $Y^1(x) = \{F^1(x) - F(0)\}/B(0)$ . Let  $Y(x)$  be the arithmetic mean of  $Y^i(x)$   $i = 1, 2, \dots, n$ . It follows that  $Y(x)$  is normally distributed with a mean  $\mu(x)$  and a standard deviation  $\sigma$ . The standard curve is used to obtain  $x$  from  $Y(x)$  of an unknown sample.

### Standard curve

Standard curves for radioimmunoassays may be constructed in many ways eg by plotting  $F(x)/B(x)$  or  $B(x)/F(x)$  versus  $x$  or  $\log x$  (Thorell and Larson 1978). Rodbard et al (1968, 1976) proposed the logit transformation of  $B(x)/B(0)$  plotted versus  $\log x$ . In paper I standard curves were obtained by plotting the fraction of displaced tracer versus  $\log x$ . This method will be discussed here and its relation to the logit transformation will be derived.

A complete saturation of the antiserum with tracer implies that the fraction of bound tracer which is displaced by  $x$  ligand is equal

to (Shaw et al 1977)

$$(1) \quad d(x) = \frac{x}{x + T}$$

Introducing  $t = \log x$  in (1) gives

$$(2) \quad d(t) = u(t) = \frac{e^t}{e^t + T}$$

A plot of  $u(t)$  versus  $t$  would be expected to give the familiar sigmoidal log dose response curve which is shown by the  $PGF_{2a}$  and  $PGF_{2b}$  standard curves in Fig 2 (page 18). The standard curves are symmetrical about the midpoint at which 50% of bound tracer is displaced and at which the maximum slope occurs. The assays could therefore be expected to have the highest precision in this region.

In paper I the middle part of the standard curve was approximated by a straight line obtained by the least square method. This is justified by the rapid convergence of the series expansion of  $u(t)$  for  $t$  near the midpoint  $\log T$ .

$$(3) \quad u(t) = \frac{1}{2} + \frac{1}{4}(t - \log T) - \frac{1}{48}(t - \log T)^3 + \frac{1}{480}(t - \log T)^5 + \dots$$

It follows that the two first terms in (3) are a good approximation of  $u(t)$  about the midpoint. The corresponding approximation of  $u(t)$  for  $t$  near  $t_0$ ,  $u(t_0) = \mu$  will be used later.

$$(4) \quad u(t) \approx \mu + u'(t_0)(t - t_0) = \mu + \mu(1 - \mu)(t - \log T - \log \{\mu(1 - \mu)\})$$

To obtain a linear dose response relationship  $u(t)$  is rewritten by help of the hyperbolic function  $\tanh$

$$(5) \quad u(t) = \frac{1}{2} \{1 + \tanh\{\frac{1}{2}(t - \log T)\}\}$$

A plot of  $u(t)$  versus  $\tanh\{\frac{1}{2}(t - \log T)\}$  would be expected to give a straight line if the saturation model is applicable to the antiserum. In question Fig 1A illustrates such a plot of a  $PGF_{2a}$  standard curve indicating a linear relationship.

The inverse of the standard curve is used to obtain  $x$  or  $\log x$  from  $\bar{Y}(x)$  of an unknown sample. The inverses of (1) and (2) are respectively

$$(6) \quad x = dT : (1 - d) \quad (7) \quad t = \log x = \log \{Tu : (1 - u)\}$$

The stochastic variables  $\bar{X}$  and  $\bar{T}$ ,  $\log \bar{X}$  are defined by substituting  $d$  and  $u$  with the stochastic variable  $\bar{Y}$ . It should be noted that (7) is equivalent to the logit transformation of Rodbard et al (1968 1976).

### Reliability

The distribution of  $\bar{T}$  is obtained from (7)

$$(8) \quad P(T < \xi) = P(\bar{Y} < \frac{\xi}{T}) = \Phi\left\{\left(\frac{1}{2} + \frac{1}{2} \tanh\left\{\frac{1}{2}(\xi - \log T)\right\} - \mu\right) \sigma^{-1}\right\}$$

where  $\mu$  and  $\sigma^{-1}$  are the mean and the standard deviation of  $\bar{Y}$ . Conversely

$$(9) \quad P(\bar{Y} < n) = P(T < g(\ln(1 - n))) = P(\bar{X} < Tn : (1 - n))$$

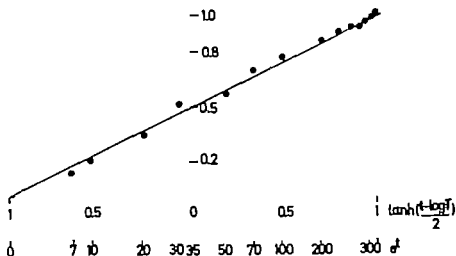


Fig 1A. A standard curve of the  $\text{PGF}_{2\alpha}$ -radioimmunoassay. The fraction of displaced radioactivity (on the ordinate) was plotted versus  $\tanh\left\{\frac{t - \log T}{2}\right\}$  where  $t$  is the natural logarithm of added non-labeled  $\text{PGF}_{2\alpha}$  and where  $T$  is the amount of ligand which displaced 50% of bound tracer.  $T$  was estimated from the mid-point of the standard curve. The amount of added non-labeled ligand in pg is indicated on the exp t scale below the abscissa. Each sample was counted to 10 000 disintegrations and the point represent mean of triplicate analyses. According to the saturation model the points should be expected to fall on the oblique line in the figure.

Let  $s^2$  be the pooled variance i.e.  $s^2 = n^{-1}(n-1)^{-1} \sum (Y^i(x_k) - \bar{Y}(x_k))^2$ . Noting that  $(\bar{Y} - \mu) / s_n$  has a  $t$  distribution with  $N(n-1)$  degrees of freedom (Cramér 1946), confidence intervals for  $T$  are obtained from the distribution of  $\bar{Y}$  by (9). From the radioimmunoassay data in Fig 1A  $s^2$  was found to be 0.0327. This figure was used in Table 1A to predict 95% confidence intervals for measurements at three points of the standard curve.

Table 1A is based on the assumption of equal variance. Rodbard et al (1976) have pointed out that the variance of the response variable is not constant at different dose levels for many radioimmunoassays. This possibility was checked for the  $\text{PGF}_{2\alpha}$  radioimmunoassay by 12 replicate analysis at three different dose levels: at zero dose, near the midpoint and close to the maximal dose. All samples were counted to 10 000 disintegrations. The observed variances were not significantly changed from the zero ( $s^2 = 1.5 \times 10^{-3}$ ) to the maximal dose level ( $s^2 = 1.2 \times 10^{-3}$ ). The variance was therefore assumed to be constant.

Table 1A Predicted 95% confidence intervals for the determinations by the PGF<sub>2α</sub>-radioimmunoassay when each sample is assayed 2 3 4 or 9 times

Fraction displaced tracer (μ)	$\bar{X}^{**}$ Tμ(1-μ)	Predicted 95% confidence intervals for $\bar{X}^*$			
		n=2	n=3	n=4	n=9
0.20	8.75 pg	(6.3 11.5)	(6.7 11)	(7.0 10.7)	(7.6 10)
0.50	35 pg	35 ± 7.3	35 ± 5.9	35 ± 5.0	35 ± 3.3
0.80	140 pg	(106 194)	(112 182)	(115 175)	(122 162)

\* Data calculated from  $\bar{Y} = \mu \pm sn^{-1/2}t_{0.975}$  by help of (9) with  $\sigma=0.0327$

\*\* T=35 pg cf Fig 1A

Table 1A and the following approximation (eg Chang et al 1975) which follows from (4) or (7) if  $\sigma n^{-1/2}$  is small in comparison with  $\mu$  and  $1-\mu$  illustrate that the variance of the final determinations is not constant

$$(10) \quad \bar{T} = \log T + 1/g(\bar{Y}(1-\bar{Y})) = \log T + \log(\mu(1-\mu)) + \frac{\bar{Y} - \mu}{\mu(1-\mu)}$$

$\bar{T}$  is thus approximately normally distributed with mean  $\log(T\mu(1-\mu))$  and standard deviation  $\sigma n^{-1/2} \mu^{-1}(1-\mu)^{-1}$ . Many investigators restrict their measurements to the interval  $0.2 < \mu < 0.8$  in which case the standard deviation of  $\bar{T}$  varies approximately between 4 and 6.25 times  $\sigma n^{-1/2}$ .

### Summary

The above results demonstrate the intra assay variability of a radioimmunoassay for PGF<sub>2α</sub> and illustrate how the variability could be expected to decrease with the number of determinations of each sample in different regions of the standard curve. In many biological applications of radioimmunoassays only relatively large changes in the concentration of measured hormones are of real biological significance. It is therefore often sufficient with duplicate analysis of each sample (cf Chang et al 1975).

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ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 463

Physical performance, skeletal muscle  
enzyme activities, and fibre types  
in monozygous and dizygous twins  
of both sexes

Appendix by  
PAAVO V KOMI and JAN KARLSSON

STOCKHOLM 1979



ACTA PHYSIOLOGICA SCANDINAVICA  
SUPPLEMENTUM 462

From the Kinesiology Laboratory Department of Biology of Physical Activity  
University of Jyväskylä, Jyväskylä, Finland, and Laboratory for Human Performance (FOA)  
Karolinska Institute, Stockholm, Sweden

Physical performance, skeletal muscle  
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Appendix by  
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STOCKHOLM 1979

Dedicated to the late professor Esko Karvinen who inspired and encouraged  
us in the team studies



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This study has partly been presented in the following papers:

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Physiological and structural performance capacity: effect of heredity  
In: Biomechanics V-A. (Ed. P V Komí) University Park Press Baltimore  
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## INTRODUCTION

Studies conducted on monozygous (MZ) and dizygous (DZ) twins have suggested that the genetic component is a primary determinant of the interindividual variation observed in maximal oxygen uptake and muscular power (Kilbom 1971; Komi *et al.* 1973). Other recent reports (e.g. Gollnick *et al.* 1972) emphasize the interdependence between the subjects' ability to perform work and their structural components such as skeletal muscle fibre composition.

It seemed therefore logical to apply "the twin study concept" as developed by Holminger (1929) to i.e. human skeletal muscle especially to its histochemical and biochemical properties. The present study was undertaken to estimate in MZ and DZ twin pairs of both sexes the genetic component involved in selected physiological performances: skeletal muscle fibre composition and enzyme activities. In addition differences between sexes and interrelationships among the various parameters investigated were studied.

Some of the data have been presented elsewhere separately (Komi *et al.* 1976; Komi *et al.* 1977; Komi *et al.* 1978; Karlsen *et al.* 1979). It was thought that it might be of interest to have all these data collected in one paper and in addition include the complete correlation matrices. For this reason this Appendix has been prepared.

## METHODS

Subjects for the study were obtained through the Population Register of Finland. This register provided the names and addresses of families with two or more children born on the same day in the city or surrounding communities of Jyväskylä between the years of 1950 and 1953. In addition one pair was obtained from Turku, Finland and two pairs from Stockholm, Sweden. The final sample was composed of 20 male (9 MZ and 11 DZ) and 11 female (6 MZ and 5 DZ) twin pairs (Table 1). Initial determination of zygosity was performed by subjective

Table 1 Twin pairs distributed according to age and zygosity

Zygosity	Boys age (yrs)											Total pairs
	11	15	16	17	18	19	20	21	22	23	24	
ME	1	2	1	2	-	-	2	-	1	-	-	9
DE		2	2	1	-	3	-	2	-	-	1	11
Total pairs	1	4	3	3	-	3	2	2	1	-	1	20

Zygosity	Girls age (yrs)										Total pairs
	15	16	17	18	19	20	21	22	23	24	
ME	1	1	-	1	-	-	-	1	1	1	6
DE	-	-	1	1	1	1	1	-	-	-	5
Total pairs	1	1	1	2	1	1	1	1	1	1	11

observation of physical appearance. Certainty of genetic identity or non-identity within the pairs was increased by serological analyses. Venous samples of 7 to 8 ml of clotted blood was collected from each subject and further analysed in the Central Laboratory of the Red Cross Blood Transfusion Service (Helsinki) according to instructions of Race and Sanger (1969) and Giblett (1970). Antisera for the determination of the following red cell antigens were used:

$A_1A_2BO$   $MNS_3$   $Rh(CC^MDE_{CE})$   $P_1$   $Lu^a$   $K_K$   $Fy^a$  and  $Fy^b$  and  $Jk^a$

The serum was separated and frozen for later investigation

The following proteins and enzymes were determined

Haptoglobin Group specific substance Acid phosphatase (E.C.3.1.3.2.)

myokinase (HK E.C.2.7.4.3.) and Phosphoglucosutase (E.C.2.7.5.1.)

Those pairs of twins in which accordance in all the characteristics were found were considered monozygotic. In the 16 cases of observed dizygosity discordance was observed in more than five antigens or serum proteins.

Anthropometric measurements. In addition to recordings of body weight and height the following anthropometric measurements were performed: femorondyle and radio-ulnar widths and skinfolds of subscapular triceps brachii biceps brachii and suprailiac area (Durnin and Rahaman 1967). For correlative analysis fat free body weight was also estimated utilizing the method of von Döbeln (1959).

Maximal muscular power was determined using the method of Margaria et al (1966). In this measurement the subject ran steadily for a few seconds in a staircase. The running velocity ( $V$ ) was measured electronically and converted to the vertical component ( $V_v$ ). Mechanical power (kgm/sec) was computed on the basis of the subject's  $V_v$  and his body weight. This test is referred to as an anaerobic test (Margaria et al 1966).

Muscular forces were measured as maximal voluntary isometric extensions of the right knee (quadriceps force) and of both legs (total leg force) respectively. The type of dynamometers and testing specifications employed have been reported elsewhere (Roni 1973; Roni and Viitasalo 1976). Force-time curve was registered during the total leg force measurements and the time to reach 70 % of the maximum force was taken as a force-time value.

Integrated electromyographic activity (IEMG) was picked up from both  $m$  rectus femoris and  $m$ . vastus lateralis during maximum right knee extension with Beckman miniature sized surface electrodes and amplified with Brookdeal 9432 pre-amplifiers. After storage of the data on magnetic tape (Philips Analox 7 tape recorder) the processing of the EMG signals was performed with Hewlett-Packard 2116C computer system (Viitasalo and Roni 1975).

Chronaxipetric measurements. Neuroton Model 626 stimulator was used to investigate the vastus lateralis muscle with constant current method using the following stimulus durations: 0.1 msec, 1 msec and 30 msec. The 30 msec duration was considered as a rheobase stimulus and was therefore used as a basis for calculation of the chronaxia value.

Aerobic power The standardized method described by Saltin and Astrand (1967) was used to determine the individual maximum oxygen uptakes ( $\dot{V}O_{2max}$ ) during treadmill running. Douglas bag technique was used for collection of expired air and  $CO_2$  and  $O_2$  contents were measured on a Schollander gas analyzer.

Heart rate (HR) was recorded during the  $\dot{V}O_{2max}$  test and the HR-value at the termination of the run was taken as the peak heart rate.

Peak blood lactate concentration was determined in arterialized finger tip blood samples taken 3 to 5 min after the maximal treadmill run. Reagents and instructions of Biochemicals Boehringer GmbH was used for the determination of the whole blood lactate concentration.

Skeletal muscle fibre composition Two muscle biopsy samples were taken from the vastus lateralis muscle with a biopsy needle (Stille-Werner) as described by Bergström (1962). In this method the skin and underlying fascia were locally anesthetized and a small 5 mm wide cut was made so that the biopsy needle could be inserted into the muscle. The site and depth of insertion were standardized for all subjects. The first biopsy sample was used for classification of muscle fibres into fast twitch (FT) and slow twitch (ST) types (Gollnick *et al.* 1972) by staining for ATPase as instructed by Padykula and Hansen (1955).

Muscle enzymes The second biopsy sample was used for determination of enzyme activities according to methods originally introduced by Lowry *et al.* (1972) and modified as depicted in Table 2. Distribution of the heart muscle specific

Table 2 Summary table indicating specific conditions and literature references of the different enzyme activity analyses

Enzymes studied	Specific conditions	References
$Ca^{2+}$ stim. ATPase	In the presence of 2 mM $Ca^{2+}$	Thorstensen <i>et al.</i> 1976 L
$Mg^{2+}$ stim. ATPase	In the presence of 2 mM $Mg^{2+}$	
CPE		Thorstensen <i>et al.</i> 1975
ME		and 1976 b
Phosphorylase (Pase)		Gollnick <i>et al.</i> 1973
$LDH_{py} \rightarrow Ia$		Karlsson <i>et al.</i> 1968
$LDH_{Ia} \rightarrow py$		

LDH isoenzyme LDH-1 was determined in the muscle biopsy specimens as described by Karlsson et al (1974)

**Statistical analysis** In addition to the ordinary statistical procedures employed to calculate the means standard deviation (SD) and correlation coefficients (r) the single analysis of variance was used to test the significance of differences between the mean intrapair variances of the two twin types. If the variance ratio (F) was significant at 5 % level of probability the computation of their heritability estimate was done as originally described by Bulsinger (1929):

$$\text{Best} = \frac{S^2_{DE} - S^2_{ME}}{S^2_{DE} - S^2_e} \quad (1)$$

where  $S^2_{ME}$  and  $S^2_{DE}$  denote intrapair variability of an attribute in ME and DE twins respectively and  $S^2_e$  signifies the variance due to experimental error. Formulas given by Partanen et al (1966) were used for computation of  $S^2_{DE}$  and  $S^2_{ME}$ . Best gives an estimation of the relative contribution of the genetic component in explaining the variability in a given attribute.

## RESULTS

Appendix contains information from individual published articles (Table 3-6) supplemented with complete correlation matrices (Table 7-11). Tables 3-11 are presented after the reference list. Due to this approach sometimes very high correlations of obscure significance will be quoted in the text. They cannot be satisfactorily explained today but it is our hope that their possessors will initiate further research and thus be explained in the future.

### Hereditary factors

**Anthropometric measurements** The male ME twins in contrast to the females demonstrated smaller intrapair variations than their DE counterparts (Fig. 1)

**Electrocardiographic and chronopneumetric data** Trends were present to smaller mean intrapair differences in male ME twins as compared to male DE twins (Fig. 2). Similar trends were not present among females.

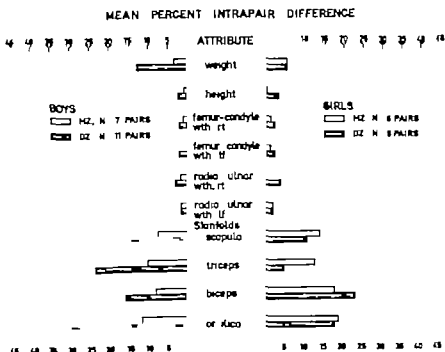


Fig 1 Mean percent intrapair differences in MZ and DZ twins for anthropometric data in boys (left) and girls (right)

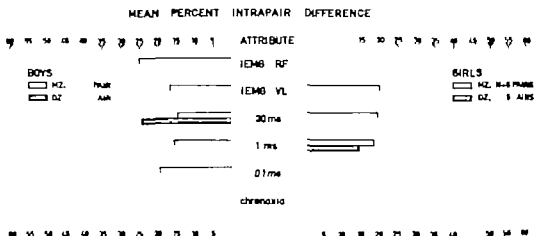


Fig 2 Mean percent intrapair differences in MZ and DZ twins for integrated electromyographic (IEMG) data from rectus femoris (RF) and vastus lateralis (VL) muscles; and chronaximetric data of different stimulus durations (30 ms, 1 msec and 0.1 msec) from vastus lateralis muscle



functional tests. The intrapair difference for the various functional tests with the exception of muscle strength variables demonstrated smaller variations in male MZ twins as compared to DZ males (Fig. 3)

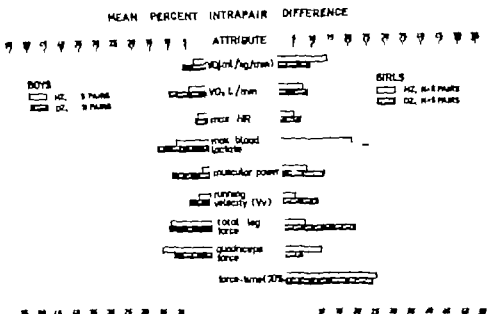


Fig. 3 Mean percent intrapair differences in MZ and DZ twins for various performance data

The close correspondence of MZ male twins in performance variables were most pronounced for muscle power (Fig. 4) and aerobic power expressed in  $\text{ml} \times (\text{kg} \times \text{min})^{-1}$  (Fig. 5). In contrast to these variables measurements of e.g. quadriceps force and total leg force demonstrated an almost equal scatter of points of the MZ and DZ pairs (Fig. 6 and 7). The variance ratios (F-ratios) were however non-significant in all but one variable: muscular power in males and total sample and on a borderline significance in the case of  $\text{VO}_{2\text{max}}$  for males and total population.

**Muscle fibre composition and enzyme activities** The percent distribution of slow twitch fibres (ST %) in the vastus lateralis muscle was almost identical within MZ in contrast to DZ twin pairs (Fig. 8 and 9). The Best calculations (Table 4) for this attribute gave the following results: 99.5 % (males)

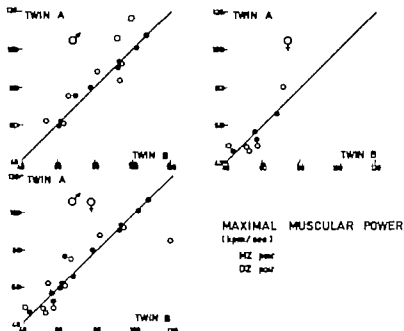


Fig 4 Intrapair comparison of maximal muscular power for MZ and DZ twins

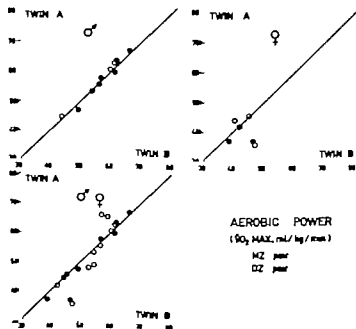


Fig 5 Intrapair comparison of maximal aerobic power expressed in  $\text{ml} \times \text{kg}^{-1} \times \text{min}^{-1}$  for MZ and DZ twins

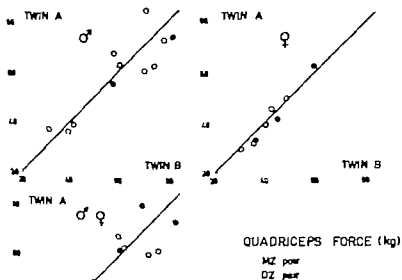


Fig 6 Intrapair comparison of quadriceps force for MZ and DZ twins

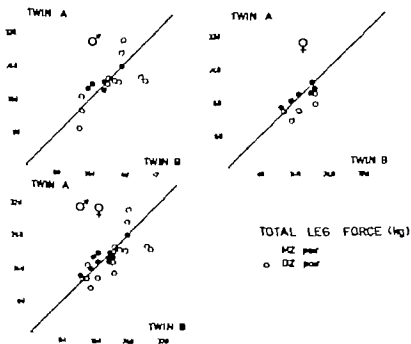


Fig 7 Intrapair comparison of total leg force for MZ and DZ twins

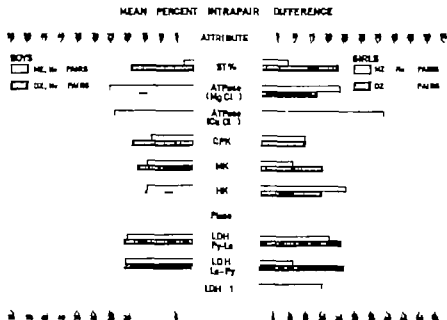


Fig 8 Mean percent intrapair difference in ME and DE twins for the distribution of slow twitch fibres and for activities of the different skeletal muscle enzymes

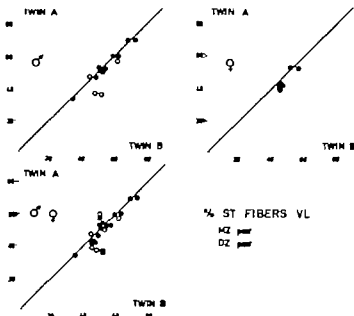


Fig 9 Intrapair comparison of slow twitch fiber distribution of m. vastus lateralis in ME and DE twins

92.2 % (females) and 96.5 % males + females indicating the presence of a genetic component. The ST % values for the ME pairs were within the error of measurements while those of the DE pairs were randomly scattered. In contrast to the skeletal muscle fibre distribution none of the enzyme activities measured demonstrated any significant variability difference between ME and DE populations.

#### Comparative analysis

For the purpose of comparative analysis correlations matrices were formed to obtain internal relationships between all the variables studied. In the following only the most relevant information is taken from these matrices.

Maximal oxygen uptake ( $\dot{V}O_{2max}$ ) expressed in  $l \times min^{-1}$  averaged  $3.62 \pm .66$  and  $2.23 \pm .47$  in the males and females respectively (Table 3).  $\dot{V}O_{2max}$  in the whole material disregarding sex differences best correlated to the following variables: muscular power ( $r = .90$ ), quadriceps force ( $r = .75$ ), running velocity ( $r = .70$ ), total leg force ( $r = .62$ ) and force time ( $r = -.59$ ). Similar correlations were obtained when the material was examined with regard to sex with the exception of running velocity (both sexes) and force time (males only).

When  $\dot{V}O_{2max}$  was expressed per kg body weight ( $57 \pm 6$  and  $43 \pm 5$  ml  $\times$  (kg  $\times$  min) $^{-1}$  in males and females respectively) the best correlations were found to variables such as running velocity (males  $r = .57$ ) and muscular power (females  $r = .52$ ). When  $\dot{V}O_{2max}$  was examined in relation to other variables with regard to zygoty it was found that  $\dot{V}O_{2max}$  expressed in ml  $\times$  (kg  $\times$  min) $^{-1}$  was correlated significantly to percent ST fibres ( $r = .50$ ) in the ME twins in contrast to the DE twins.

Muscular power was in the whole material as expected best related to different strength variables as well as force time ( $r = -.67$ , Fig. 10) and in addition to  $\dot{V}O_{2max}$  ( $r = .90$  and  $.51$  respectively for  $l \times min^{-1}$  and ml  $\times$  (kg  $\times$  min) $^{-1}$ ). No significant relationship was however present between muscular power and percent distribution of ST fibres. Similar relations were present in muscular power when the males and females were studied separately (the average values were  $83 \pm 18$  and  $57 \pm 10$  kpm  $\times$  sec $^{-1}$  respectively). In addition muscular power in both sexes demonstrated a high correlation to percent fat ( $r = .66$  and  $.73$  in the females and males respectively).

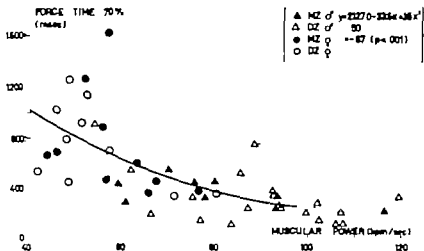


Fig 10 Relationship between value of force-time at 70 % of maximum isometric contraction (total leg force measurement) and maximal muscular power for all twin groups

The MZ twins (mean value  $68 \pm 16 \text{ kps} \times \text{sec}^{-1}$ ) demonstrated correlations between muscular power and  $\text{VO}_{2\text{max}}$  ( $r = .88$  and  $.49$  respectively for  $1 \times \text{min}^{-1}$  and  $\text{ml} \times (\text{kg} \times \text{min})^{-1}$ ) in contrast to the DZ twins (mean value  $77 \pm 22 \text{ kps} \times \text{sec}^{-1}$ ). The DZ twins were the only group however to demonstrate correlations to total leg force ( $r = .76$ ) and EMG of the vastus lateralis muscle ( $r = .46$ ).

Quadriceps force was in the whole population best related to muscular power ( $r = .82$ ) total leg force ( $r = .80$ ) force time ( $r = -.46$ ) and  $\text{VO}_{2\text{max}}$  ( $r = .75$  and  $.36$ ) respectively for  $1 \times \text{min}^{-1}$  and  $\text{ml} \times (\text{kg} \times \text{min})^{-1}$ . Quadriceps force for the two sexes averaged  $58 \pm 16$  and  $40 \pm 9 \text{ kp}$  in males and females respectively and in terms of correlation matrix pronounced differences seemed to be present between them. Thus in males total leg force ( $r = .82$ ) muscular power ( $r = .82$ )  $\text{VO}_{2\text{max}}$  ( $1 \times \text{min}^{-1}$   $r = .69$ ) % ST fibres ( $r = -.53$  Fig 11) showed the highest correlations whereas  $\text{Ca}^{2+}$  stimulated  $\text{ATPase}$  ( $r = -.57$ ) LDH-1 ( $r = .55$ )  $\text{VO}_{2\text{max}}$  ( $1 \times \text{min}^{-1}$   $r = .48$ ) and muscular power ( $r = .47$ ) were best correlated to quadriceps force in females.

No differences in terms of correlations seemed to be present for quadriceps force when comparing monozygous (mean value  $79 \pm 4 \text{ kp}$ ) and dizygous twins (mean value  $52 \pm 16 \text{ kp}$ ).

$\dot{V}O_{2\max}$  in  $\text{ml} \times (\text{kg} \times \text{min})^{-1}$  and muscular power ( $\text{kgm} \times \text{sec}^{-1}$ ) have both considered body dimensions because the weight is included in the calculations. Quadriceps force on the other hand can also be related to body weight, height squared, skeletal weight, fat free body weight (FFW) or lean body mass (LBM). If that is done significant correlations in addition to those presented above were obtained. Thus in total population quadriceps force was related significantly to slow twitch fibre distribution (negatively) and running velocity (positively).

Differences between the sexes and the two twin materials were also present.

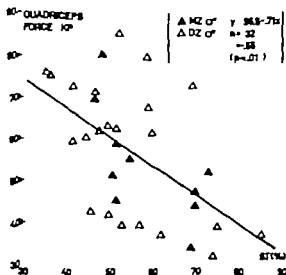


Fig. 11 Relationship between quadriceps force and percent distribution of slow twitch fibers in vastus lateralis muscle of male MK and DE twins

Activities of enzymes involved in ATP turnover during muscle contraction. The enzymes CPK, HK and  $\text{Ca}^{2+}$  and  $\text{Mg}^{2+}$  stimulated ATPases demonstrated in the whole population only weak correlations to performance variables. E.g. CPK was related to running velocity ( $r = .41$ ) (Fig. 12) and force time ( $r = .40$ ).

The two sexes differed in their correlation matrices. Thus skeletal muscle HK activity in males in contrast to the females demonstrated significant

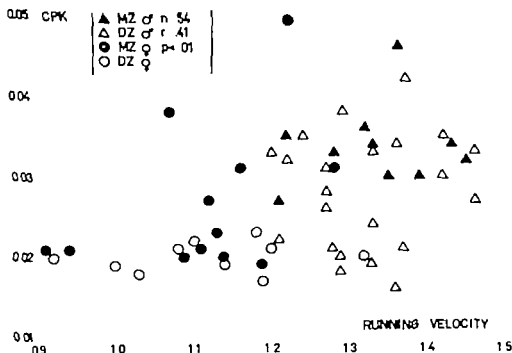


Fig. 12 Relationship between the activity (in moles  $\times g^{-1} \times min^{-1} \times 10^{-2}$ ) of creatine phosphokinase (CPK) and uphill running velocity (m/sec)

correlations to IBHG of rectus femoris ( $r = -38$ ) and muscular power ( $r = 35$ ). On the other hand  $Ca^{2+}$  stimulated ATP-ase activity showed significant correlations only in the females (peak blood lactate;  $r = -46$  and quadriceps force  $r = -57$ ) as was also true for  $Mg^{2+}$  stimulated ATP-ase versus  $VO_{2max}$  ( $l \times min^{-1}$   $r = 45$ ). In absolute figures differences between the sexes were only present for  $Ca^{2+}$  stimulated ATP-ase (mean values  $11 \pm 10$  and  $06 \pm 07 \times 10^{-4}$  moles  $\times g^{-1} \times min^{-1}$  in males and females respectively). These enzyme activities and their relation to performance variables were not in general influenced by zygosity.

Activities of enzymes involved in glucose residue metabolism. Hexokinase (HK) phosphorylase (Plase) and lactate dehydrogenase (LDH) showed no or very vague relationships to performance variables.

In absolute figures a difference between sexes was present in Plase (males  $1.05 \pm .56$ ; females  $.74 \pm .43$ ) and in LDH la + py (males:  $70 \pm 22$ ; females:  $54 \pm 24$ ).



Distribution of LDH enzyme patterns (% LDH-1) was in females related to quadriceps force ( $r = .55$ ) and to  $VO_{2max}$   $1 \times \text{min}^{-1}$  ( $r = .45$ ). When % LDH-1 was examined with regard to isogosity it showed correlation only with muscular power ( $r = -.62$ ) in the MZ group. In absolute terms the distributions of the isoenzyme LDH-1 were not significantly different between MZ and DZ twins, but when the two sexes were compared differences were present (mean value  $16.3 \pm 12.2$  and  $25.3 \pm 18.3$  percent respectively for males and females).

Muscle fibre type distribution and enzyme activities: In the whole material fibre type distribution was related significantly to the enzyme activities of MF ( $r = -.43$ ) (Fig. 13) and LDH ( $r = -.30$ ) but not for ATP-ases.

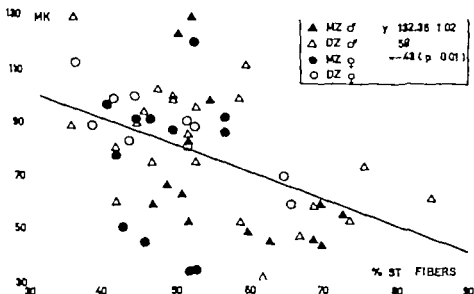


Fig. 13 Relationship between the activity of myokinase (MK in moles  $\times 10^{-6} \times \text{min}^{-1} \times 10^{-6}$ ) and percent distribution of slow twitch fibres in vastus lateralis muscle for all subject groups

Correlation matrices demonstrated in general that the enzymes involved in ATP turnover during muscle contraction were positively correlated to glycolytic enzymes and negatively to aerobic metabolism as exemplified by % LDH-1 as well as the muscle's aerobic profile as expressed by its % ST distribution. The latter observation was pronounced in females where irrespective of zygosity the percent distribution of LDH-1 increased with percentage of ST fibres (Fig. 14). In males however no such relationships could be observed.

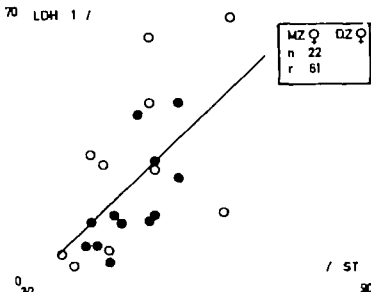


Fig 14 Relationship between LDH-1 isozyme (in % of total) and percent distribution of slow twitch fibres (% ST) in vastus lateralis muscle for female MZ and DZ

It must be pointed out however that the mean percent distribution of % LDH-1 was lower in the males ( $16.3 \pm 12.2\%$ ) than in the females ( $23.3 \pm 18.3\%$ ) in spite of a slightly higher percentage of ST fibres in the males ( $56 \pm 12\%$ ) than in the females ( $49 \pm 8\%$ ). Females also differed from males with a greater number of significant correlations of % LDH-1 to various enzymes.

#### DISCUSSION

The most important finding in this project was the very strong heritability estimate observed for ST fibre distribution in all subjects. In addition the results were able to confirm the earlier finding that the variability in muscular power among individuals is also genetically determined (Komi *et al* 1973). Furthermore the results demonstrated that muscular strength and IEMG did not show any strong genetic basis which is in accordance with Komi *et al* (1973).

Our results are however not in complete agreement with those of Klissouras (1971) who stated that the variability in aerobic power in males expressed as  $\dot{V}O_{2\max}$  ( $\text{ml} \times (\text{kg} \times \text{min})^{-1}$ ) is almost solely determined by heritability fac-

ture. Computation of Best value assumes that the environmental influences are comparable among the twin pairs (Klissouras 1971). This was carefully taken into account in our previous study (Komi et al 1973). However, no special control of the socio-economic health or physical activity status was made between the pairs or groups in the present study. Although these environmental influences probably have been only minor, they still might be the cause of the finding of no genetic component of e.g. the aerobic power measurements.

The needle biopsy technique and the reproducibility of the results obtained in the specimens might be questioned. Previous methodological studies on metabolites (Karlsöen 1971), fibre distribution (Piahl 1974 and Thorstensson 1976) and enzyme activities (Gallnick et al. 1974) have demonstrated a good reproducibility in the investigated muscle (usually m. vastus lateralis) of the technique and methods applied in the present study.

A question may be raised concerning the extent to which m. vastus lateralis is representative for the entire skeletal muscle pool and whether findings in that particular muscle can be generalized to other muscle groups. Correlation coefficients for % ST fibre distribution between e.g. vastus lateralis and deltoides muscles ( $r$  = in the order of .60 to .80) indicate that a relationship exists (Edström and Nyström, 1969; Saltin et al 1977; Rasko et al 1976).

From animal studies it is known that a motoneuron of a motor unit innervates a both histochemically (e.g. Brandstatter and Lambert 1969) and physiologically (e.g. Burke et al 1971) uniform type of muscle fibre. There is to our understanding no reason to believe that the situation would be different in man. If that is the case it seems reasonable to suggest a similar or the same heritability control of the motor unit composition as for muscle fibre distribution. This means that by determining muscle fibre composition not only the metabolic profile but even the neuro-motoric control of the muscle is identified to a certain extent. Empirical evidence in man for this has already been published as relationship between  $\dot{V}O_{2max}$  as well as type of sport activity and muscle fibre distribution in top athletes (Bergh et al 1978; Forsberg et al 1976; Rasko et al 1976). Moreover, the significance of e.g. fast twitch (FT) fibres for muscle strength development has recently been documented experimentally in human skeletal muscle (Thorstensson et al 1976 a).

Studies where two muscles with different fibre population in the same individual have been examined have demonstrated that some enzyme activities (e.g. LDH, PFK, CPK and phosphorylase) are related to fibre type distribution (Gollnick *et al.* 1974). In addition LDH isoenzyme pattern as well as HK activity have been demonstrated to be related to muscle fibres (Karlsson *et al.* 1974 and Sjödin 1976). In the present study only HK and LDH activities and LDH isoenzyme pattern were in both or either sexes found to be related to muscle fibre type distribution. The reason for this discrepancy is not clear. By examining two different muscles in the same individual as was the case in Gollnick and his co-workers' study it was possible to reduce the impact of individual differences in hormones, nutritional status, training etc. In the present study only one biopsy sample for each subject was obtained for enzyme analysis and for that reason individual differences in environment might play a greater role.

An example of environment is the individual training status. As demonstrated by Thorstensson *et al.* (1976 b) HK but not  $Mg^{2+}$  stimulated ATPase activity was related to muscle fibre population before strength training whereas after training also  $Mg^{2+}$  stimulated ATPase demonstrated a similar relationship. One possible explanation could be that for the latter enzyme some genetic component related to fibre types was a prerequisite for the enzyme activity and changes due to training. In this connection it is of interest to know whether the magnitude of training effects on the circulatory apparatus in one way or the other is related to muscle fibre population rather than activity level, thus resulting in the high correlation reported for  $VO_{2max}$  and % ST fibres (Ruoko *et al.* 1976, Bergh *et al.* 1978) in habitually physically active or homogeneously trained individuals. If that is the case it has to be suggested that also the type and magnitude of adaptive response might be influenced by a genetic predisposition as already suggested by Klissouras (1971).

Training has been reported to influence the value of  $VO_{2max}$  as much as 20-30 % (Saltin *et al.* 1968, Ekblom 1969). Similar follow-up studies of anaerobic power have so far not been reported in the literature. The high heritability for maximal muscular power ("anaerobic power") suggests that it is less than aerobic power under the influence of environmental factors such as normal daily activity or training.

The correlations between different performance variables were approximately the same in both sexes. This has to be considered in spite of great differences in absolute values between the sexes. Differences were however present between the sexes when muscle enzyme activities were correlated to performance variables. In addition to this significant correlations between the different enzyme activities were more frequent in females than in males.

It has been demonstrated that a high percent of FT fibres is one prerequisite for performing a fast muscle contraction (Thorstenson et al. 1976 a; Vitter-  
salo and Komi 1978; Rosen and Reed 1979). In the present study it was demonstrated in the males that a relationship was present between muscular power and muscle fibre type distribution. It is possible that one and the same biological phenomenon is the basis for the explanation of these findings. Support for this hypothesis is present in the observation of shorter force time with higher muscular power. Force-time measurements as applied in the present study might be utilized in a similar fashion as  $\dot{O}_2/\dot{V}t$  measurements in in vitro muscle studies. I.e. that approximately the same relationships are present in in situ studies in humans as have been demonstrated in animal studies.

#### SUMMARY

The present study was designed to investigate with the twin study method the genetic influence on various traits of man: physiological performance, skeletal muscle fibre composition and enzyme activities. 20 male pairs (9 monozygous twins (MZ) and 11 dizygous twins (DZ)) and 11 female pairs (6 MZ and 5 DZ) ranging in age from 15 to 24 (one pair was 11 years) were used as subjects. A total of 45 different parameters were investigated and inter-related.

The major findings and conclusions of the study were as follows:

- (1) From the bulk of the physiological tests (muscle strength, muscular power, electromyography, chronometry, aerobic power, peak blood lactate, peak heart rate) only the measurement of muscular power showed significant intrapair variance difference between male MZ and DZ twins. The computed heritability estimate value (h<sup>2</sup>) was 97.8 for this variable suggesting

Studies where two muscles with different fibre population in the same individual have been examined have demonstrated that some enzyme activities (e.g. LDH, PFK, CPK and phosphorylase) are related to fibre type distribution (Gollnick *et al.* 1974). In addition LDH isoenzyme pattern as well as PK activity have been demonstrated to be related to muscle fibres (Karlsson *et al.* 1974 and Björklén 1976). In the present study only PK and LDH activities and LDH isoenzyme pattern were in both or either sexes found to be related to muscle fibre type distribution. The reason for this discrepancy is not clear. By examining two different muscles in the same individual as was the case in Gollnick and his coworkers' study it was possible to reduce the impact of individual differences in hormones, nutritional status, training etc. In the present study only one biopsy sample for each subject was obtained for enzyme analysis and for that reason individual differences in environment might play a greater role.

An example of environment is the individual training status. As demonstrated by Thorstensson *et al.* (1976 b) PK but not  $Mg^{2+}$  stimulated ATPase activity was related to muscle fibre population before strength training whereas after training also  $Mg^{2+}$  stimulated ATPase demonstrated a similar relationship. One possible explanation could be that for the latter enzyme some genetic component related to fibre types was a prerequisite for the enzyme activity and changes due to training. In this connection it is of interest to know whether the magnitude of training effects on the circulatory apparatus in one way or the other is related to muscle fibre population rather than activity level, thus resulting in the high correlation reported for  $VO_{2max}$  and % ST fibres (Jusko *et al.* 1976, Bergh *et al.* 1978) in habitually physically active or homogeneously trained individuals. If that is the case it has to be suggested that also the type and magnitude of adaptive response might be influenced by a genetic predisposition as already suggested by Klissouras (1971).

Training has been reported to influence the value of  $VO_{2max}$  as much as 20-30 % (Saltin *et al.* 1968, Ekblom 1969). Similar follow-up studies of anaerobic power have so far not been reported in the literature. The high heritability for maximal muscular power ("anaerobic power") suggests that it is less than aerobic power under the influence of environmental factors such as normal daily activity or training.

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TABLE 3. MEANS  $\pm$  SD OF THE DIFFERENT VARIABLES FOR THE MONOZYGOUS

	MZ	FEMALES DZ	MZ+DZ
<b>1. Anthropometric variables</b>			
Weight (kg)	52.3 $\pm$ 8.8	49.1 $\pm$ 7.2	50.8 $\pm$ 7.7
Height (cm)	180.4 $\pm$ 8.6	183.2 $\pm$ 4.8	181.7 $\pm$ 5.9
Femur-condyle, lf	8.3 $\pm$ 0.5	8.1 $\pm$ 0.3	8.2 $\pm$ 0.3
width (cm), rt	8.3 $\pm$ 0.3	8.1 $\pm$ 0.3	8.2 $\pm$ 0.3
Radio-ulnar lf	5.0 $\pm$ 0.2	4.9 $\pm$ 0.2	4.9 $\pm$ 0.2
width (cm), rt	5.0 $\pm$ 0.2	4.9 $\pm$ 0.2	4.9 $\pm$ 0.2
Scapula skinfold (mm)	11.4 $\pm$ 4.2	8.1 $\pm$ 1.1	9.9 $\pm$ 3.5
Triceps skinfold (mm)	14.2 $\pm$ 4.2	12.0 $\pm$ 1.4	13.2 $\pm$ 3.5
Biceps skinfold (mm)	5.3 $\pm$ 2.4	4.9 $\pm$ 1.7	5.1 $\pm$ 2.1
Crista iliac skinfold (mm)	7.4 $\pm$ 4.4	8.0 $\pm$ 1.8	8.7 $\pm$ 3.4
Fat (%)	23.6 $\pm$ 3.8	21.2 $\pm$ 2.1	22.5 $\pm$ 3.2
<b>2. Performance variables</b>			
$\dot{V}O_2$ max ( $l \times min^{-1}$ )	2.2 $\pm$ 0.4	2.2 $\pm$ 0.8	2.2 $\pm$ 0.5
$\dot{V}O_2$ max ( $ml \times kg^{-1} \times min^{-1}$ )	41.8 $\pm$ 4.0	44.9 $\pm$ 5.2	43.2 $\pm$ 4.7
Peak heart rate	189.0 $\pm$ 8.9	191.3 $\pm$ 8.8	190.0 $\pm$ 8.7
Peak blood lactate	5.9 $\pm$ 2.0	7.1 $\pm$ 2.4	6.4 $\pm$ 2.2
Running velocity ( $m \times sec^{-1}$ )	1.11 $\pm$ 0.1	1.1 $\pm$ 0.1	1.1 $\pm$ 0.1
Muscular power ( $kpm \times sec^{-1}$ )	58.0 $\pm$ 9.2	55.0 $\pm$ 11.9	56.6 $\pm$ 10.4
Total leg force (kp)	179.0 $\pm$ 28.8	182.2 $\pm$ 32.4	171.9 $\pm$ 30.0
Quadriceps force (kp)	40.8 $\pm$ 11.8	39.7 $\pm$ 7.3	40.3 $\pm$ 9.8
Force-time, (msec)	742.2 $\pm$ 371.8	755.1 $\pm$ 327.7	748.1 $\pm$ 344.2
<b>3. Muscle fiber composition</b>			
ST fibers (%)	48.4 $\pm$ 5.8	49.5 $\pm$ 10.1	49.1 $\pm$ 7.7
<b>4. Muscle enzyme activities</b>			
(moles $\times g^{-1} \times min^{-1} \times activity$ constant)			
$Mg^{2+}$ ATP-ase $10^{-6}$	9.4 $\pm$ 2.4	7.9 $\pm$ 2.7	8.7 $\pm$ 2.6
CPK $10^{-6}$	0.09 $\pm$ 0.074	0.011 $\pm$ 0.026	0.06 $\pm$ 0.01
$Ca^{2+}$ ATP-ase $10^{-2}$	0.026 $\pm$ 0.009	0.020 $\pm$ 0.001	0.02 $\pm$ 0.01
LDH $10^{-6}$	75.1 $\pm$ 28.3	87.1 $\pm$ 15.6	80.8 $\pm$ 23.7
LDH $10^{-6}$	0.09 $\pm$ 0.03	0.11 $\pm$ 0.02	0.10 $\pm$ 0.02
LDH $10^{-6}$	0.9 $\pm$ 0.5	0.5 $\pm$ 0.1	0.7 $\pm$ 0.4
LDH $10^{-6}$	1.4 $\pm$ 0.3	1.6 $\pm$ 0.6	1.5 $\pm$ 0.6
LDH-1 isoenzyme $10^{-4}$	0.8 $\pm$ 0.2	0.5 $\pm$ 0.2	0.5 $\pm$ 0.2
LDH-1 isoenzyme (%)	20.8 $\pm$ 13.2	30.6 $\pm$ 22.7	25.3 $\pm$ 18.3
<b>5. Electromyographic variables</b>			
EMG, rectus femoris ( $mV \times sec^{-1}$ )	380.9 $\pm$ 154.4	636.8 $\pm$ 222.8	498.1 $\pm$ 225.9
EMG, vastus lateralis ( $mV \times sec^{-1}$ )	254.6 $\pm$ 81.8	313.6 $\pm$ 231.8	281.4 $\pm$ 165.5
<b>6. Chromatimetric variables</b>			
30 ms	4.0 $\pm$ 1.1	4.0 $\pm$ 1.07	4.0 $\pm$ 1.0
1 ms	5.2 $\pm$ 0.9	5.4 $\pm$ 1.09	5.3 $\pm$ 1.0
0.1 ms	16.4 $\pm$ 4.92	16.6 $\pm$ 5.7	16.5 $\pm$ 5.1

# 7) AND DIZYGIOUS (DZ) TWINS OF BOTH SEXES

MZ	MALES		MZ+DZ	f	p<
	DZ				
55.3 ± 9.7	65.9 ± 12.7	62.6 ± 12.7	— 3.99	.001	
172.4 ± 8.7	177.5 ± 8.8	175.9 ± 8.9	— 8.19	.001	
9.4 ± 0.4	9.5 ± 0.4	9.5 ± 0.4	— 12.17	.001	
9.3 ± 0.5	9.5 ± 0.5	9.4 ± 0.5	— 11.90	.001	
5.5 ± 0.5	5.8 ± 0.3	5.7 ± 0.3	— 9.55	.001	
5.5 ± 0.5	5.8 ± 0.3	5.7 ± 0.4	— 9.06	.001	
5.7 ± 1.2	9.5 ± 5.1	8.6 ± 4.4	1.20	ns	
4.9 ± 1.5	8.0 ± 3.5	7.0 ± 3.3	8.80	.001	
3.3 ± 0.8	3.9 ± 2.3	3.7 ± 2.0	2.60	.01	
4.8 ± 1.1	8.9 ± 5.8	7.8 ± 5.0	— 0.84	ns	
8.4 ± 2.3	12.5 ± 5.1	11.2 ± 4.6	9.85	.001	
3.3 ± 0.5	3.8 ± 0.7	3.6 ± 0.7	— 8.40	.001	
55.9 ± 5.4	58.9 ± 5.9	58.6 ± 5.7	— 9.42	.001	
199.3 ± 12.5	193.1 ± 11.2	195.0 ± 11.8	— 1.74	ns	
7.9 ± 3.2	9.3 ± 2.3	8.8 ± 2.8	— 3.60	.001	
1.3 ± 0.1	1.3 ± 0.1	1.3 ± 0.1	— 8.73	.001	
73.8 ± 12.8	87.1 ± 18.3	82.9 ± 17.7	— 8.63	.001	
215.4 ± 52.7	213.7 ± 58.5	214.2 ± 54.5	— 3.53	.001	
53.8 ± 13.4	58.2 ± 18.8	56.8 ± 18.5	— 4.87	.001	
377.2 ± 91.7	378.0 ± 304.9	378.3 ± 258.7	5.91	.001	
58.8 ± 10.3	54.6 ± 12.6	55.9 ± 11.9	— 2.43	.05	
10.7 ± 3.7	9.7 ± 3.4	10.0 ± 3.5	— 1.20	ns	
0.13 ± 0.062	0.026 ± 0.007	0.1 ± 0.1	— 2.11	.05	
0.03 ± 0.005	0.008 ± 0.119	0.03 ± 0.01	— 2.17	.01	
61.8 ± 17.1	79.9 ± 24.3	74.2 ± 23.8	— 0.34	ns	
0.11 ± 0.03	0.09 ± 0.04	0.10 ± 0.04	— 0.48	ns	
1.0 ± 0.6	1.1 ± 0.5	1.1 ± 0.6	— 2.21	.05	
1.7 ± 0.8	1.3 ± 0.5	1.5 ± 0.8	— 0.35	ns	
0.8 ± 0.1	0.7 ± 0.2	0.7 ± 0.2	— 2.18	.05	
14.2 ± 7.5	17.3 ± 13.8	16.3 ± 12.2	2.23	.05	
724.1 ± 215.6	555.4 ± 171.3	608.1 ± 199.2	— 1.43	ns	
534.0 ± 572.4	504.0 ± 218.2	544.6 ± 408.3	— 3.77	.05	
3.3 ± 1.0	4.1 ± 1.5	3.9 ± 1.4	— 0.03	ns	
5.1 ± 2.0	5.7 ± 1.8	5.5 ± 1.8	— 0.1	ns	
24.7 ± 23.1	18.5 ± 5.5	19.1 ± 13.8	0.25	ns	

**Table 4. Estimates of variance within monozygous twins ( $S^2MZ$ ), and dizygous twins ( $S^2DZ$ ), variance of error of measurement ( $S^2e$ ), and heritability of variation ( $Hest$ )**

Attribute	$S^2e$	$S^2MZ$	$S^2DZ$	$Hest$
Maximal muscular power (kpm/sec)	1.20	3.31	95.06	97.8
Skeletal muscle fibre composition (% ST fibres)	2.15	2.24	94.62	99.5

**Table 5. Summary of the correlation matrix for muscle biopsy variables showing the significant ( $p < .05$ ) correlation coefficients for boys (left) and girls (right) including both monozygous and dizygous twins.**

	% ST	ATPase Mg <sup>2+</sup>	ATPase Ca <sup>2+</sup>	CPK	MK	HK	Plase	LDH p→l	LDH l→p	LDH <sub>t</sub>	
BOYS (MZ + DZ)											
% ST									606	721	
ATPase Mg <sup>2+</sup>			475				569		508		
ATPase Ca <sup>2+</sup>				567			583		474	471	
CPK											
MK		509							707	448	GIRLS (MZ + DZ)
HK											
Plase									487		
LDH p→l			379			549					
LDH l→p					375					721	
LDH <sub>t</sub>								481	636		

Table 6. Summary of the correlation matrix for muscle biopsy variables showing the significant ( $p < .05$ ) correlation coefficients for monozygous (left) and dizygous (right) twins of both sexes.

	% ST	ATPase Mg <sup>2+</sup>	ATPase Ca <sup>2+</sup>	CPK	MX	HK	Phase	LDH p→l	LDH l→p	LDH
% ST					488	374		505		
ATPase Mg <sup>2+</sup>				302						
ATPase Ca <sup>2+</sup>							501			
CPK						305	531		581	444
MX								585		
HK										
Phase			519						383	
LDH p→l						808			358	521
LDH l→p		481	621	649						765
LDH			697						580	

## APPENDIX

TABLE 7 CORRELATION MATRIX OF THE DIFFERENT

	1	2	3	4	5	6	7	8
	21	22	23	24	25	26	27	28
Weight	1	1000						
Height	2	726	1000					
Femur-condyle, lf	3	711	828	1000				
Femur-condyle, rt	4	748	838	983	1000			
Radio-ulnar lf	5	732	807	913	923	1000		
Radio-ulnar rt	6	757	811	888	908	973	1000	
Scapula skinfold	7	549	-27	82	74	88	124	1000
Triceps skinfold	8	158	-412	-449	-419	-382	-333	724
Biceps skinfold	9	147	-227	-213	-197	-201	-198	489
Crista ilica skinfold	10	665	143	259	295	301	328	889
Fat (%)	11	60	-508	-568	-531	-475	-438	878
$\dot{V}O_2$ max (l x min <sup>-1</sup> )	12	801	798	833	849	785	792	141
$\dot{V}O_2$ max (ml x kg <sup>-1</sup> x min <sup>-1</sup> )	13	289	578	639	637	549	528	-359
Peak heart rate	14	-211	77	21	-18	-140	-152	-282
Peak blood lactate	15	244	420	365	382	240	281	-103
Running velocity	16	305	802	652	655	551	524	-183
Muscular power	17	932	806	809	841	788	801	365
Total leg force	18	725	501	687	700	601	621	358
Quadriceps force	19	807	652	702	740	663	698	291
Force-time, 70%	20	-489	-554	-582	-587	-531	-567	-132
ST fibers (%)	21	-15	170	231	183	279	188	-248
ATPase Mg <sup>2+</sup>	22	-144	-77	118	97	-74	-41	-51
ATPase Ca <sup>2+</sup>	23	-55	1000	231	220	184	150	-126
CPK	24	-72	117	1000				
MDK	25	204	12	87	-34	-48	25	285
HK	26	-396	-27	-182	-13	1000		
Plase	27	124	106	57	82	-96	-39	12
LDH <sub>py→ls</sub>	28	-198	183	24	-288	86	1000	
LDH <sub>ls→py</sub>	29	-158	-32	101	101	97	71	-122
LDH <sub>1</sub>	30	75	375	368	458	-33	-223	1000
IEMQ, rf	31	-98	-58	-95	-69	-229	-206	-37
IEMQ, vl	32	-342	233	212	-131	229	482	-154
Chronaximetry/30 ms	33	192	222	229	233	201	181	121
Chronaximetry/1 ms	34	-280	228	228	531	301	-132	307
Chronaximetry/0.1 ms	35	-23	-83	-175	-180	-97	-76	-4
		197	-228	-367	-425	-19	95	-181
		-86	32	137	89	122	108	-177
		277	39	-103	-10	-173	18	14
		152	232	397	281	255	234	-59
		245	-4	36	32	-124	-19	-75
		206	174	-35	18	52	43	198
		34	-244	-78	-109	77	-47	48
		43	79	9	-28	39	11	-32
		287	-245	-183	-122	-125	-92	8
		-27	11	182	92	171	179	-70
		185	-109	-80	229	23	-153	47



# VARIABLES FOR ALL SUBJECTS (n=54)

9	10	11	12	13	14	15	16	17	18	19	20
29	30	31	32	33	34	35					

## APPENDIX

TABLE 9. CORRELATION MATRIX OF THE DIFFERENT VARIABLES

	1	2	3	4	5	6	7	8
	21	22	23	24	25	26	27	28
Weight	1	1000						
Height	2	757	1000					
Femur-condyle, lt.	3	772	858	1000				
Femur-condyle, rt.	4	791	841	893	1000			
Radio-ulnar lt.	5	739	838	948	944	1000		
Radio-ulnar rt.	6	783	837	930	933	984	1000	
Scapula skinfold	7	856	180	277	301	275	339	1000
Triceps skinfold	8	165	-338	-387	-358	-358	-313	834
Biceps skinfold	9	203	-157	-112	-90	-158	-174	316
Crista ilica skinfold	10	691	189	378	408	404	454	938
Fat (%)	11	69	-463	-489	-450	-470	-423	568
$\dot{V}O_2$ max ( $l \times min^{-1}$ )	12	824	798	818	814	732	754	316
$\dot{V}O_2$ max ( $ml \times kg^{-1} \times min^{-1}$ )	13	299	550	594	599	551	529	-250
Peak heart rate	14	-221	-2	-121	-170	-139	-154	-342
Peak blood lactate	15	310	436	358	349	217	280	24
Running velocity	16	536	610	680	678	681	636	68
Muscular power	17	959	791	825	838	784	813	534
Total leg force	18	760	508	693	733	598	685	521
Quadriceps force	19	814	577	692	710	600	663	520
Force-time, 70%	20	-541	-493	-548	-556	-581	-584	-263
ST fibers (%)	21	37	296	201	175	336	235	-220
ATPase $Mg^{2+}$	22	1000	-15	-19	222	189	109	171
ATPase $Ca^{2+}$	23	-138	1000	349	349	348	359	-9
CPK	24	-1	68	1000	371	339	447	383
MYK	25	144	362	212	1000	-225	-280	-199
HK	26	22	-220	-218	-225	-280	-199	176
Phase	27	-488	-9	-20	-70	1000	4	128
LDH $py \rightarrow la$	28	174	28	10	49	-105	-4	128
LDH $la \rightarrow py$	29	-374	118	-98	-395	318	1000	141
LDH $i_1$	30	-2	157	330	308	350	319	-110
IEMG, rt	31	-29	278	531	531	-117	-207	1000
IEMG, vl	32	-177	-298	-198	-189	-277	-218	-39
Chronoculometry/30 ms	33	-505	231	120	-202	585	282	-115
Chronoculometry/1 ms	34	253	114	254	240	290	248	288
Chronoculometry/0.1 ms	35	-182	185	130	581	305	-213	383
		-139	-71	-237	-231	-199	-165	-124
		220	-195	-255	-444	-282	158	-178
		-247	-287	-188	-198	-182	-164	-61
		-102	64	-68	-43	-19	-171	-131
		356	337	399	353	327	311	180
		58	63	138	137	-6	-117	95
		112	183	19	24	79	35	18
		253	-366	-36	-48	-68	-29	31
		83	143	14	13	88	63	-35
		279	-412	-152	48	-17	-132	-48
		-67	1	-61	-57	54	35	-135
		228	-202	-188	61	-28	-115	-171

# FOR ALL DIZYGOTS INCLUDING BOTH BOYS AND GIRLS (n=32)

1	9	10	11	12	13	14	15	16	17	18	19	20
2	29	30	31	32	33	34	35					
Significance levels:												
r (x1000) p<												
<hr/>												
500 .001												
450 .01												
350 .05												
1000												
305												
837	1000											
21	468	1000										
352	362	—342	1000									
—236	—186	—735	707	1000								
12	—361	—264	27	333	1000							
183	59	—299	520	441	290	1000						
—125	172	—606	764	761	58	324	1000					
113	599	—106	898	474	—161	341	748	1000				
221	505	—3	616	299	—358	298	457	746	1000			
244	590	—25	757	366	—248	261	624	853	833	1000		
224	—353	166	—537	—417	263	—254	—506	—586	—367	—434	1000	
—185	—136	—249	57	209	318	—70	127	57	—157	—229	—153	
—116	27	—274	120	192	125	—79	86	24	207	130	28	
—339	—18	—400	276	424	115	147	279	148	130	136	—144	
—267	185	—344	377	347	79	—165	441	305	—19	137	—404	
372	140	316	—20	—110	124	45	—141	—27	—121	106	254	
192	87	265	31	—261	—311	—28	—141	115	303	262	—3	
—356	—27	—516	236	442	60	19	327	89	—45	69	—325	
240	—65	106	—202	—139	276	115	—190	—193	—22	—56	506	
11	336	—132	277	209	330	137	325	296	79	173	—147	
1000												
0	—139	219	—236	—166	—339	—245	—160	—168	—106	—77	—90	
—766	1000											
—57	—56	111	—361	—367	4	—245	—422	—330	—191	—250	401	
—57	—168	1000										
154	203	—172	440	352	156	209	522	458	373	606	—233	
176	—21	—107	1000									
—69	50	29	29	—59	53	222	—133	33	—107	—226	—290	
273	—156	—209	—125	1000								
—55	47	4	—45	—115	107	214	—39	45	—102	—187	—196	
370	—246	—215	—9	949	1000							
85	—34	—21	—199	—164	212	159	—97	—96	—104	—250	—18	
303	—305	—69	—166	473	736	1000						

## APPENDIX

TABLE 10. CORRELATION MATRIX OF THE DIFFERENT VARIABLES FOR ALL

		1	2	3	4	5	6	7	8
		21	22	23	24	25	26	27	28
Weight	1	1000							
Height	2	458	1000						
Femur-condyle, lf	3	765	388	1000					
Femur-condyle, rt	4	798	434	952	1000				
Radio-ulnar lf	5	802	495	778	804	1000			
Radio-ulnar rt	6	705	698	684	720	853	1000		
Scapula skinfold	7	558	-111	508	409	303	202	1000	
Triceps skinfold	8	794	28	528	587	446	367	803	1000
Biceps skinfold	9	313	-89	109	100	42	-24	573	317
Crista iliac skinfold	10	655	-53	499	484	253	198	852	885
Fat (%)	11	714	-80	558	504	350	235	910	905
VO <sub>2</sub> max (l x min <sup>-1</sup> )	12	827	354	555	658	683	585	335	587
VO <sub>2</sub> max (ml x kg x min <sup>-1</sup> )	13	331	284	234	304	433	331	-112	80
Peak heart rate	14	-99	152	-88	-182	-224	-39	208	100
Peak blood lactate	15	231	398	131	258	35	312	-109	170
Running velocity	16	-23	139	-128	-125	-88	-185	82	-105
Muscular power	17	828	472	599	801	621	489	502	588
Total leg force	18	721	74	725	781	698	482	410	627
Quadriceps force	19	694	412	513	600	518	501	163	518
Force-time, 70%	20	-488	-421	-494	-574	-309	-446	-250	-300
ST fibers (%)	21	482	181	379	312	534	402	134	372
ATPase Mg <sup>2+</sup>	22	1000							
		-328	-399	62	-84	-305	-290	240	21
		-214	1000						
ATPase Ca <sup>2+</sup>	23	-428	-374	-141	-258	-197	-317	-13	-380
		-183	475	1000					
CPK	24	-124	145	128	50	-118	-145	10	-149
		-342	358	587	1000				
AK	25	154	207	248	254	-82	17	220	312
		-103	313	-399	158	1000			
HK	26	-11	-60	-82	-28	-74	105	-82	24
		-85	-113	-387	-536	124	1000		
Plase	27	-110	-189	78	6	-198	-244	202	52
		-271	599	513	528	1	-424	1000	
LDH <sub>py→ls</sub>	28	-290	-382	-313	-280	-242	-308	130	-15
		-405	105	-139	-184	303	267	-188	1000
LDH <sub>ls→py</sub>	29	-433	-117	-159	-148	-387	-367	6	-293
		-668	508	474	707	374	-277	487	404
LDH <sub>l</sub>	30	478	244	198	205	317	325	-15	315
		721	-258	-471	-448	20	312	-348	-418
LEMQ, rf	31	-118	-17	-281	-238	-118	-51	-113	-8
		105	-255	-522	-530	153	215	-334	418
LEMQ, vl	32	30	53	-132	-208	-236	-161	-51	139
		224	149	-325	-139	261	142	-89	-189
Chronaximetry/30 ms	33	298	257	234	306	165	255	361	141
		-300	-115	-117	-14	-8	32	179	-88
Chronaximetry/1 ms	34	-20	-252	-92	-3	8	212	-89	-143
		-464	-399	-174	-188	-189	239	73	142
Chronaximetry/0.1 ms	35	189	143	75	75	117	295	334	195
		-297	-202	-168	-128	62	193	27	352

# GIRLS INCLUDING BOTH MONOZYGOTS AND DIZYGOTS (n=22)

9 29	10 30	11 31	12 32	13 33	14 34	15 35	16	17	18	19	20
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Significance levels:

r (x1000) p<

650 .001

540 .01

430 .05

1000											
504	1000										
624	931	1000									
324	503	580	1000								
48	79	46	658	1000							
66	308	142	-272	-45	1000						
22	186	125	411	287	201	1000					
433	39	113	224	420	207	72	1000				
519	572	656	828	520	11	236	541	1000			
113	437	548	725	229	-484	152	-144	522	1000		
-17	335	379	481	76	-144	274	-179	470	487	1000	
-476	-426	-445	-483	-102	-92	-582	-71	-482	-303	-435	1000
-145	230	212	304	386	-32	-259	-129	331	386	227	78
186	55	139	-449	-279	245	-298	89	-233	-235	-180	9
141	-337	-189	-417	-212	-68	-462	252	-218	-230	-574	210
190	-110	9	-340	-391	179	-52	261	43	-163	-78	-250
87	428	240	-90	-41	518	263	-90	74	-113	305	-337
-57	49	5	104	53	-179	365	-428	-235	-31	168	-276
242	22	168	-154	-186	162	-108	289	63	-48	-173	34
-81	92	2	-381	-299	236	-3	-186	-356	-180	-74	277
90	-118	-128	-540	-385	391	45	262	-225	-379	-230	-102
1000											
30	212	202	453	327	-134	11	-134	330	219	652	-183
-721	1000										
-232	-5	-128	-90	42	237	124	-338	-298	-45	-68	312
-273	85	1000									
-30	85	74	-78	-33	119	-113	-40	-14	-255	418	50
-281	604	192	1000								
500	189	282	307	-91	-194	131	-22	254	297	14	-255
-20	-170	136	-194	1000							
-43	-184	-153	137	-6	-81	489	-102	-70	67	-127	-7
-2	-359	344	-380	621	1000						
298	234	243	128	-103	273	425	5	149	82	-35	-7
80	-233	220	-394	419	858	1000					

## APPENDIX

TABLE 11 CORRELATION MATRIX OF THE DIFFERENT VARIABLES FOR ALL

		1	2	3	4	5	6	7	8
		21	22	23	24	25	26	27	28
Weight	1	1000							
Height	2	708	1000						
Femur-condyle, lt.	3	657	630	1000					
Femur-condyle, rt	4	724	684	938	1000				
Radio-ulnar lt.	5	643	568	735	769	1000			
Radio-ulnar rt.	6	705	548	705	767	947	1000		
Scapula skinfold	7	774	258	331	362	391	458	1000	
Triceps skinfold	8	724	254	265	277	364	433	874	1000
Biceps skinfold	9	412	101	193	214	159	158	413	486
Crista ilica	10	715	170	290	370	368	448	951	883
Fat (%)	11	835	309	348	422	483	534	938	936
$\dot{V}O_2$ max ( $l \times min^{-1}$ )	12	782	618	528	571	402	483	447	429
$\dot{V}O_2$ max ( $ml \times kg^{-1} \times min^{-1}$ )	13	-390	-136	-245	-204	-393	-338	-409	-414
Peak heart rate	14	-455	-263	-443	-470	-640	-654	-442	-345
Peak blood lactate	15	-11	53	-107	-46	-268	-205	-4	135
Running velocity	16	38	68	82	159	-184	-158	-183	-249
Muscular power	17	982	700	661	739	578	641	690	604
Total leg force	18	848	399	654	698	450	825	469	299
Quadriceps force	19	780	489	604	670	474	557	548	362
Force-time 70%	20	-262	-182	-174	-168	-254	-270	-284	-182
ST fibers (%)	21	-370	-193	-209	-281	-50	-187	-332	-183
		1000							
ATPase $Mg^{2+}$	22	-283	-323	-175	-184	-429	-328	-124	-246
		-97	1000						
ATPase $Ca^{2+}$	23	-168	-80	12	32	-98	-68	-109	-346
		-171	-75	1000					
CPK	24	-240	-401	-211	-208	-89	-125	-88	-146
		111	245	19	1000				
MK	25	378	140	22	101	184	275	299	437
		-509	-159	-45	-41	1000			
HK	26	182	242	177	208	-173	-90	44	-154
		-238	255	142	-224	74	1000		
Plase	27	-421	-457	-430	-362	-237	-249	-193	-206
		72	249	205	323	7	-171	1000	
LDH <sub>py→ls</sub>	28	-42	26	-111	-54	-421	-329	-124	-19
		-343	305	379	-122	183	549	-153	1000
LDH <sub>ls→py</sub>	29	243	-18	-147	-109	-53	-83	311	391
		-309	-11	-12	281	373	-84	94	284
LDH <sub>i</sub>	30	-80	178	129	148	228	251	-89	-84
		89	-134	-245	-282	-145	-22	109	-481
IEMQ, rt	31	-314	-388	-119	-248	-157	-190	-183	-194
		283	125	-27	214	-377	-72	94	-24
IEMQ, vl	32	-38	-93	230	-79	-25	-75	-1	-104
		158	-138	-33	-144	-183	-47	-233	-196
Chronaximetry/30 ms	33	248	328	-78	35	136	92	125	31
		168	-268	-52	-150	118	-73	15	-21
Chronaximetry/1 ms	34	21	-14	-96	-191	-27	-107	-4	188
		448	-234	-233	-165	-99	-183	-38	-194
Chronaximetry/0.1 ms	35	-137	-189	118	-20	136	127	-134	-92
		236	-129	-112	318	38	-210	14	-254









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